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**MSW PATHWAY LEARNING CONTRACT (PW1)**

**Student Name: MUN Student #:**

1. Date of Admission to the MSW Program: Fall, 201\_

2. \_\_\_Course Route \_\_\_ Thesis Route

3. \_\_\_ 3 semesters \_\_\_ 6 semesters \_\_\_ 9 semesters

4. Faculty Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester Learning Contract completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester planning to complete SCWK 6417, Pathway Scholarship: ­­­­ \_\_\_\_ \_\_\_\_

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**Area of Interest for Pathway:** Please describe your area of interest for PATHWAY. This may change over time.

**How is this area of interest related to what you currently do?**

**Anticipated PATHWAY Scholarship product:** Please describe the product that you anticipate completing through PATHWAY and PATHWAY Scholarship. This may change over time.

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| **Learning Goals:** Please elaborate on the knowledge, skills and abilities that you would like to develop as you pursue your area of interest. The number of goals (typically 3-5) should be negotiated with your mentor. Please consider if your Pathway Scholarship product requires ethics approval, knowledge of research software, training or other resources. |
| 1.2.3.4.5.6. (Add additional goals if required) |

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| **Action Plan:** The goals in this Action Plan will be the same or similar to your learning goals. You include here the accumulation of Actions required to reach the. For each goal, describe the actions or tangible steps you will need to take to complete your Pathway Scholarship product (e.g. meetings; communication with stakeholders; writing proposals or submitting applications; readings or skill acquisition etc.). The columns “Date Completed” and “# of Hours” are included so they may be recorded for then student and the mentor. |
| **Goal 1** |
| **Action(s)** | **Date Completed** | **# of Hours** |
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| **Goal 2** |
| **Action(s)** | **Date Completed** | **# of Hours** |
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| **Goal 3**  |
| **Action(s)** | **Date Completed** | **# of Hours** |
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| **Goal 4** |
| **Action(s)** | **Date Completed** | **# of Hours** |
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| **Goal 5** |
| **Action(s)** | **Date Completed** | **# of Hours** |
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| **Goal 6** |
| **Action(s)** | **Date Completed** | **# of Hours** |
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| **Meetings with Mentor: (add more boxes as required)** | **Date completed** | **# of Hours** |
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| **Pathway Hours Completed** | **# of Hours** |
| Number of hours completed semester 1 |  |
| Number of hours completed semester 2 |  |
| Number of hours completed semester 3 |  |
| Number of hours completed semester 4 |  |
| Number of hours completed semester 5 |  |
| Number of hours completed semester 6 |  |
| Total number of hours completed to date |  |

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| **Proposed List of Readings (expand box as needed):** |
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| **Mentor’s Expectations of student:**  |
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| **Student’s Expectations of mentor:** |
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| **Other Comments :** |
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**MSW PATHWAY LEARNING CONTRACT SIGNATURES**

I have prepared the MSW PATHWAY LEARNING CONTRACT, and accept that it forms the basis for determining my grade (i.e., pass or fail).

Signature of student Date

I have read the MSW PATHWAY LEARNING CONTRACT, and agree to use it as the basis for determining the student’s grade (i.e., pass or fail).

Signature of mentor Date

cc. Graduate Secretary