



Bowie State University

Office of Human Resources and CETL

E-Learning Contract

Complete and return this contract to your Supervisor and send the Office of Human Resources a copy.

To: _____ (Supervisor's Name)

From: _____ (E-Learning Participant)

Date: _____

Subject: **Professional Development Commitment**

The objective of participating in this program is to support the learning and development goals we have agreed upon. I would like to participate in the following E-Learning courses:

	* <u>Course Title</u>	<u>Scheduled Completion Dates</u>
1 required course (75% mastery)		
Optional course(s):		

* SkillSoft courses – <https://secure.skillport.com/rkmaryland>

I understand that each course takes approximately 3-6 hours to complete and can be divided into several sessions. I also acknowledge that I need to coordinate my training time with you, my supervisor, so that it doesn't interfere with my other responsibilities, but will provide enough time to complete the approved course.

E-Learner's Signature

Supervisor's Signature