



# Bowie State University

## Office of Human Resources and CETL

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### 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>
<b>1 required course</b> <b>(75% mastery)</b>		
<b>Optional course(s):</b>		

\* 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