

Student Name _____

Student ID # _____

_____ Date

Start Date _____

End Date _____

Use this form to keep track of the Learning Objectives (LO) you have met. A minimum of 5 out of the 8 must be met for course completion. Keep adding to this form and submit at the end of each semester you are enrolled in CIDS680. See LearningHub course for deadline.

Learning Objectives Achieved			
Objectives	Year/Semester Achieved	Agency/Organization Achieved At	Instructor Signature