

**The University of Michigan School of Nursing
Office of Multicultural Affairs
Online Facilitated Study Group
Individual Participant Contract
Second Career Program**

Please initial after each statement.

1. I agree to become a Facilitated Study Group Participant in the Facilitated Study Group Project (FSG). _____
2. I understand that **walk-ins are absolutely not permitted.** I also understand that each group will ideally consist of no more than 5 Participants to each Facilitator and that group dynamics are established relatively quickly. Therefore, anyone seeking involvement later within the semester will not be allowed to participate. _____
3. I am responsible for my learning and I am committed to meeting with my online facilitator and fellow study group members for a two-hour weekly study group session. _____
4. I understand that the purpose of the group time is not necessarily to provide a repetition of information obtained in the classroom, but to provide an environment for facilitation of questioning, knowledge acquisition and for devising a variety of strategies based on premises which are designed to increase and 1) maintain focus on what is to be learned, 2) increase and retain new knowledge/learning, and 3) improve transfer of acquired learning/knowledge to new situations. _____
5. I understand that the role of the Facilitator is to assist me in my learning process, not tutor. I am responsible for my own learning and sharing of ideas. _____
6. I understand that I must participate in online group sessions, if I do not, my space in the group will be forfeited. I also agree to contact my Facilitator or the OMA office at 936-1615 in the event that I will be absent from any study group meeting. _____
7. I understand that I am responsible for course content listed in each respective syllabus of the nursing class targeted by the project, and my participation in the FSG is to facilitate my progression in the School of Nursing program. I understand that the work of the FSG requires preparation by reviewing and completing assigned materials as well as consistent attendance and skilled, active participation, to facilitate my learning and that of others. _____
8. I understand that as a participant, I am responsible for attending a minimum of **two (2) Education Enrichment Sessions** within the current semester. These sessions are designed to enhance and build upon my understanding of my own style of learning and are complementary to the goals of the Study Group. _____

9. I agree to complete and submit to the OMA office, my final evaluation of the PFSG by the designated date. This evaluation will be given to me to be completed at an end-of-the-semester luncheon. Completing this evaluation is the responsibility of all who participate in the program.____
10. I understand that if I have further questions or concerns about the FSG Project, I can reach Melita Pope Mitchell, Program Coordinator, at popem@umich.edu or Dr. Patricia Coleman-Burns, Director of the Office of Multicultural Affairs, at pcb@umich.edu. I may also reach either of them by phone at 936-1615. _____

I have read and understand the information stated above. I hereby consent to participate in the Facilitated Study Group Project.

Print Name and Date

Signature

**Funded by HRSA HHS BHP 2002 Nursing Workforce Diversity Program
& Abbott Laboratories Fund**