



College of Education

**Thad Cochran Center for Rural School
Leadership and Research**

Student Contract

I have read and agree to abide by the policies and procedures in the

_____ EdS
_____ EdD
(check one)

student handbook.

Printed Name

Signature

Date

Please mail to:

Educational Leadership Program
P O Box 3217
Cleveland, MS 38733

Or Fax to: 662-846-4869