



Contract for Independent Study

- ▶ I hereby apply for permission to undertake a course of Independent Study in _____ during the _____ under the direction of Prof. _____ for _____ credits.
semester & year *faculty member*
- ▶ The area of study I wish to pursue during this course is as follows:
(describe project, method of evaluation and educational product with a 100 word minimum)

▶ Student's Printed Name _____ Student's Signature _____

Student SSN/ID# _____ Date _____

Faculty Member Signature _____ Date _____

Previous Directed Study: No ___ Yes ___ Semester & Year _____ Incomplete Status: ___ Approved: ___ Disapproved: ___ Previous Independent Study Credits Earned: _____

Department Chair's Name _____ Date _____

Return to Campus Office