

---

## Contract for Independent Study

I hereby apply for permission to undertake a course of Independent Study in \_\_\_\_\_  
during the \_\_\_\_\_ under the direction of Professor \_\_\_\_\_ for \_\_\_\_\_ credits.  
(semester & year) (faculty member)

The area of study I wish to pursue is as follows:  
*(describe project, method of evaluation and education product with a 100-word minimum)*

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

**Previous Directed Study:**  No  Yes Semester & Year \_\_\_\_\_ Incomplete Status: \_\_\_\_\_ Previous Independent Study Credits Earned \_\_\_\_\_

**Is this Independent Study Serving as Substitute for a Required Course:**  No  Yes

If Yes, list the Course Number and Title: \_\_\_\_\_

**Current Independent Study:**  Approved  Disapproved

\_\_\_\_\_  
Department Chair/Concentration Director Signature

\_\_\_\_\_  
Date

**RETURN TO OFFICE OF THE REGISTRAR**