
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 _____

Current Independent Study: Approved Disapproved

Department Chair/Concentration Director Signature

Date

RETURN TO OFFICE OF THE REGISTRAR