Independent Study and Research for Credit Contract

Student: ____________________________ Student ID #: __________________________

Instructor: __________________________ Semester/Year: _________________________

Department: _________________________ Number of Credit Hours: ________________

To be completed by the end of the first week of classes by the student with the advice of the professor who will supervise the work. Please print and send in the following order: (1) to the Student, (2) to the Instructor, (3) to the Student’s Academic Advisor, (4) to the Department Chair, (5) to the Dean’s Office. The Chair will copy the student’s major department for the student’s file.

Course No. __________ (Title of Independent Study Project)

Statement of project:

Rationale:

Project Activities and Anticipated Outcomes:

Method of evaluation of study/project:

Remarks:

Signatures:

Student: __________________________________ Date: ________________________

Instructor: _______________________________ Date: ________________________

Advisor: _________________________________ Date: ________________________

Chair: _________________________________ Date: ________________________

cc: Dean’s Office