INDEPENDENT STUDY CONTRACT

PLEASE CONSULT CURRENT SCHOOL/DEPARTMENT REGULATIONS BEFORE COMPLETING THIS FORM.

THIS FORM IS TO BE COMPLETED BY THE INSTRUCTOR WHO WILL SUPERVISE STUDY.

YEAR	SEMESTER
20____	FALL_____SPRING_____SUMMER I_____SUMMERII_____

Student's last name, first name **Social Security #**

COURSE NUMBER:

CREDITS :

COURSE TITLE: **(max 24 characters) This, plus "Independent Study" Will appear on the student's record.**

Brockenbaugh, James 000-235-45465

Instructor's last name, First name **University ID #**

Is this for faculty workload credit?

☐ **YES** **(must be a minimum of 3 student credits)**

☐ **NO**

Faculty will not receive workload credit for IND Study if their annual workload exceeds 21 credits.

DEPT USE ONLY

Section #:

Print: **N**

Location:

Rev11/01

Spec Program:

Date Received:

Processed by:

Course Summary:

Evaluation Criteria: (papers, readings, reports or projects required):

Instructor's Signature_____

Additional signatures for approval should be obtained in the order listed below:

1. Student:_____ **2. Advisor**_____

3. Instructor's Chair:_____ **4. Dean:**_____