

## 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