INDEPENDENT STUDY CONTRACT

Student Name: ___________________________  Semester: ________________

Z-ID or Empl-ID: ________________________  Class: FR [ ] SOPH [ ] JR [ ] SR [ ]

Class: FR [ ] SOPH [ ] JR [ ] SR [ ]

Graduate: MA [ ] PHD [ ]

Course: 496-P001 [ ] 496-P002 [ ] 696-P001 [ ] 696-P002 [ ] 796-P001 [ ] 796-P002 [ ]

Credit Hours: ______

Course Topic: ___________________________________________________________________

Statement of Course Requirements (reading assignments, research papers, exams, meetings and consultations, etc.) TO BE WRITTEN BY FACULTY MEMBER:

Faculty member’s statement on grading procedure:

Faculty signature ___________________________________________  Date ________________

Student signature ___________________________________________  Date ________________

(Office Use Only)

Date Enrolled or Permit # Issued ________________________  By ________________________

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