



INDEPENDENT STUDY CONTRACT

Student name: _____ Student ID#: _____

Program of study: _____ Phone: _____

Instructor name: _____ Issue date: _____

***Financial responsibility:
A \$275 non-refundable, non-transferable per course Independent Study processing fee applies.**

TERM: _____ DATES OF STUDY: _____
(Start date) (End date)

COURSE ALPHA: _____ COURSE NUMBER: _____ CREDITS: _____

TITLE: _____

REASON FOR INDEPENDENT STUDY:

EVALUATION METHOD - Including weight of each item (if referring to a syllabus **please be sure to include one with this contract**).

COURSE REQUIREMENTS - Provide a detailed outline of the work to be completed. Include a clear description of required work, goals, and target dates for completion of component parts. All requirements should be clearly stated. Reference may be made to an attached syllabus or proposal.

I agree to the terms and requirements of this contract for the Independent Study as stated.

SIGNATURES: Student _____ Date _____
Faculty _____ Date _____
Department Chair _____ Date _____
Dean or Associate Dean _____ Date _____
Registrar's Office _____ Date _____

Registrar's Office use: Entered: _____ Date: _____