

INDEPENDENT STUDY CONTRACT

Student Name: _____ Semester: _____

Z-ID or Empl-ID: _____ 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 _____

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(Office Use Only)

Date Enrolled or Permit # Issued _____ By _____