



Independent Study Contract

Student's Name _____ Email _____

Professor's Name _____ Email _____

Student's Address (during project period): _____

Semester of Proposed Course: _____ Course Title/Number: _____

In the space provided below, please explain why the following course must be taken as an independent study:

If you will be off-campus, explain why and list any additional activities you will be pursuing (internships, academic credit, etc.)
If you will be on-campus, go to the next question.

I. Student Learning Goals:

II. Action: (list types of activities and target deadlines such as readings, reports/papers, projects)

III. Professor Expectations: (include such items as: grading criteria, frequency of contract, quality and quantity of output)

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____