Extended Studies Independent Project Contract
Registrar’s Office, P.O. Box 37, Greencastle, IN 46135
FAX: (765) 658-4139

Context and Expectations: The Extended Studies program includes the option for a student (or small group of students) to work on a student-initiated independent project, such as research or artistic work, under faculty guidance. The faculty approved such projects as co-curricular experiences that carry one Extended Studies credit and 0 credits toward the 31 course graduation requirement. Faculty members assign grades on an S/D/U basis.

Courses must be approved by a sponsoring faculty member who has expertise in the area of the project, as well as by the chair of the academic department or program that is aligned with the project topic. As with any independent project, the best results will be obtained when the student is well-prepared and highly motivated, when the project is clearly-defined, and when the faculty member is prepared to dedicate time to serving as a resource for the student. Extended Studies independent study projects should engage students full-time (approximately 35-40 hours per week) during the full period of the extended term. Some activities students want to engage in over Winter Term or May Term may be worthwhile even if they are not appropriate for Extended Studies credit and a faculty member should feel free to encourage students to engage in independent travel and learning even if no Extended Studies credit is offered.

Student’s name: ___________________________ Faculty member’s name: ___________________________

Department course and prefix of proposed project: __________ (The course number should be MATH 185, ARTS 185, etc. for a student initiated independent project or MATH 186, ARTS 186, etc. when a student will participate on a faculty member’s project).

Student’s address during the project period: ______________________________________________________
_________________________________________________________________________________________

Extended Studies term of the proposed independent project: Winter Term / May Term 20_____

Title of proposed project: ________________________________________________________________
________________________________________________________________________________________

Note: Students should type responses to parts I, II, and III and attach a printout to this form.

I. Student Learning Goals: In one or two full paragraphs indicate your motivation for completing the independent study and clearly explain what you hope to learn. Students typically have multiple learning goals that may include specific content, becoming more proficient with a process, and learning how to apply academic content in a specific setting.

II. Proposed Activities: Describe the specific activities you will accomplish your learning goals, the specific deliverables (papers, presentations, journals, other artifacts) you will produce to demonstrate that you have accomplished these goals, and the deadlines by which you will turn in each product.

III. Professor Expectations: Describe the professor’s expectations with respect to grading criteria which may include frequency of contact, quantity and quality of deliverables, timeliness of deliverables.

(OVER)
IV. Signatures

The student, faculty member, and department chair signatures below indicate their endorsement of the independent project described on the reverse of this form and in the attachment.

Student Signature: _______________________________ Date: ________________

Faculty Sponsor Signature: _______________________________ Date: ________________

Signature of Chair of Sponsoring Department: __________________________ Date: ________________

___________________________________________________________
For Independent Projects that Take Place in Whole or in Part away from DePauw’s Campus

IV. If the proposed project will take place in whole on DePauw’s campus, you may skip the following section and turn this form in to the Registrar’s Office with just the signatures above. Otherwise, you must make an appointment with a representative of the Hubbard Center, for an orientation meeting to discuss health and safety issues. Visit the Hubbard Center front desk to set up this meeting.

During, or soon after, the meeting you will need to provide the Hubbard Center with the following:

1. A copy of this form and attachments.

2. An itinerary, to include the following:

   - on-site contact information (housing location, phone, etc.)
   - on-site host contact information (if applicable)
   - flight (or other travel) details

3. Liability Form (available from the Hubbard Center), signed by students and by a parent/guardian

4. Faculty sponsor contact information during the project period

5. Copies of travel documents (for international travel: passport, visa)

Signature of Hubbard Center Representative: __________________________ Date: ________________

The signature above may be conditional on the student submitting final copies of some or all of the materials listed above by a designated deadline. The student’s registration in the independent project may be canceled by the Registrar if these conditions are not met.

Conditions (if any):

___________________________________________________________________________________________

___________________________________________________________________________________________