INDEPENDENT STUDY CONTRACT

Student_________________________________________ Student ID#_________________________________________

Instructor_______________________________________ Academic Term_____________________________________

Title of Course__________________________________________________________

☐ On-Campus
☐ Off-Campus Course Number__________ Credit __________

I. Why must the course be taken as an independent study?

II. Learning Goals

III. Activities and Assignments (include deadlines)
IV. Expectations (e.g. grading criteria, frequency of contact, quality and quantity of output)

Student Signature_______________________________________________________  Date____________________

Faculty Signature________________________________________________________  Date____________________

Department Chair Signature_______________________________________________  Date____________________