

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:	me: Faculty member's name:			
	(The course number should be MATH 185, project or MATH 186, ARTS 186, etc. when a student will			
Student's address during the project period:				
Extended Studies term of the proposed independer 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 endorsemen	t of the
independent	project describe	d on the reverse o	of this form and i	in the attachme	ent.	

Student Signature:	Date:				
Faculty Sponsor Signature:	Date:				
Signature of Chair of Sponsoring Department:	Date:				
For Independent Projects that Take Place in Whole or in Pa	rt away from DePauw's Campus				
IV. If the proposed project will take place in whole on DePauw's camp and turn this form in to the Registrar's Office with just the signatures appointment with a representative of the Hubbard Center, for an orie safety issues. Visit the Hubbard Center front desk to set up this mee	above. Otherwise, you must make an entation meeting to discuss health and				
During, or soon after, the meeting you will need to provide the Hubba	ard 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, eon-site host contact information (if applicable)flight (or other travel) details	tc.)				
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 fir listed above by a designated deadline. The student's registration in t by the Registrar if these conditions are not met.					
Conditions (if any):					