



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)

(over)

IV. Expectations (e.g. grading criteria, frequency of contact, quality and quantity of output)

Student Signature _____ **Date** _____

Faculty Signature _____ **Date** _____

Department Chair Signature _____ **Date** _____