

## INDEPENDENT STUDY CONTRACT

NOTICE: This contract must be completed and signed by both the faculty sponsor and student prior to registering for an Independent Study Course. If the form has not been signed and turned into the Department Office (Room 232 Arch Hall West) -- you will be administratively dropped from the course.

**Student Name:** \_\_\_\_\_ **ID Number** \_\_\_\_\_

**Student E-Mail Address:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Faculty Sponsor:** \_\_\_\_\_

**Course (Circle One) 398/498/598/898 Semester/Year** \_\_\_\_\_ **Credit Hours** \_\_\_\_\_

1. Describe the nature of the proposed independent study:
2. Schedule of work, specifically outlining the points of faculty interaction.
3. Provide a brief description of the intended project.
4. Preliminary Bibliography
5. Presentation of Results

\_\_\_\_\_  
**Student Signature/Date**

\_\_\_\_\_  
**Faculty Sponsor Signature/Date**