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**