

INDEPENDENT STUDY CONTRACT

STUDENT'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE

STUDENT ID NUMBER \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

DATE \_\_\_\_\_ 20 \_\_\_\_\_ PLEASE CHECK ONE  FALL  SPRING  SS  SS II

TITLE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ COURSE NUMBER \_\_\_\_\_ CREDIT HOURS EARNED \_\_\_\_\_

OBJECTIVES OF THIS STUDY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROCEDURES TO BE FOLLOWED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MATERIALS TO BE USED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

METHOD OF EVALUATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SUPERVISING INSTRUCTOR

\_\_\_\_\_  
ACADEMIC DEAN

\_\_\_\_\_  
DEPARTMENT CHAIRMAN

\_\_\_\_\_  
REGISTRAR

PLEASE RETURN THIS CONTRACT BY THE TENTH CLASSROOM DAY OF THE SEMESTER THAT CREDIT IS TO BE EARNED

REGISTRAR