

**Office Use Only**

Term Enrolled \_\_\_\_\_ Course #: \_\_\_\_\_  
Data Entered \_\_\_\_\_ By \_\_\_\_\_

# Arranged Study Contract

\$400.00 per course credit (Academic Year 2017-2018)

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Freshman     Sophomore     Junior     Senior     Special

Course Number and Title: \_\_\_\_\_

Units of Credit: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Date to be Completed: \_\_\_\_\_

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

### Reasons for Request

Blank space for reasons for request.

### Student Activities/Responsibilities:

Blank space for student activities/responsibilities.

### Sponsor Activities/Responsibilities:

Submit syllabus with this contract.

Blank space for sponsor activities/responsibilities.

\_\_\_\_\_  
Faculty Sponsor Signature                      Date

\_\_\_\_\_  
Student Signature                                              Date

\_\_\_\_\_  
Department Chair Signature                      Date

\_\_\_\_\_  
Advisor Signature                                              Date

\_\_\_\_\_  
Registrar's Signature                                              Date

Advisor Copy     Faculty Sponsor Copy     Dept Chair Copy     Student Copy     Original to Student File

**Please return form to the Registrar's Office located in LH 216.**