

**Office Use Only**

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

# Arranged Study Contract

\$440.00 per course credit (Academic Year 2020-2021)

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