Office Use Only
Term Enrolled _____ Course #:_____
Data Entered_____By_____

Independent Study Learning Contract

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

Student Name:_____ **ID#:**_____

E-mail Address:_____

☐ **Freshman** ☐ **Sophomore** ☐ **Junior** ☐ **Senior** ☐ **Special**

Course Number: _____450 Abbreviated Title to Appear on Transcript:_____

Complete Project Title:_____

Units of Credit:_____ **Beginning Date:**_____ **Date to be Completed:**_____

Faculty Sponsor:_____

Description of Project/Topic:

Rationale for Project/Topic:

Projected Outcomes:

Student Activities/Responsibilities:

Sponsor Activities/Responsibilities:

_____ _____
Faculty Sponsor Signature Date Student Signature Date

_____ _____
Department Chair Signature Date Advisor Signature Date

_____
Registrar's Signature Date

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

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