

Office Use Only

Term Enrolled _____ Course #: _____
Data Entered _____ By _____

Independent Study Learning Contract

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

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

0 Advisor Copy 0 Faculty Sponsor Copy 0 Dept Chair Copy 0 Student Copy 0 Original to Student File

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