

**Office Use Only**

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

# Independent Study Learning Contract

\$455.00 per course credit (Academic Year 2021-22)

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.**