

Independent Study Contract

Semester

Year

Grade Mode: (check one)

Letter Grade

Pass or No Pass

Student's name (please print)

ID

Department

Crse #

of Credits

Instructor (please print)

Title

Shortened Title

(your preference - 26 characters)

Required Signatures:

Student

Date

Faculty Supervisor

Date

Chair

Date

Dean

Date

Registrar's Office use only

CRN

Date

Initials