

Independent Study Contract

If you want to do an independent study, complete the following form and return to the professor. You may enroll in the course only after you have received approval.

Student's Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Student ID #: _____

Semester: _____ Number of credit hours: _____

I will complete the following project/activity (Be specific! Include # of hours, name of agency and supervisor where applicable):

I agree to complete the following written assignment:

Due date:

Student's signature: _____ Date: _____

Professor's signature: _____ Date: _____