



INDEPENDENT STUDY CONTRACT

Form fields for Date, Student Name: Last, First, Student ID Number, Semester (Fall, Spring, Summer), Academic Year, Course Abbreviation and Number, and Number of Units.

This is a substitution for the following course

Name of Supervising Faculty

Complete the information below with Faculty Supervisor

I. Topic of Study

\_\_\_\_\_

II. Tentative Outline of Work (fill in section on page 2 of the this form)

III. Work to Complete for a Final Grade (fill in description on page 2 of this form)

Note: Items II & III not to exceed one page.

IV. Is this course approved to be a substitute for a Credential/Master program requirement? If so, pre-approval of program coordinator is required.

Yes No If Yes, which requirement?

\_\_\_\_\_

V. If Independent Study is a substitution for a regularly offered course, provide a brief explanation for not taking traditionally offered course.

\_\_\_\_\_

NOTE: Independent Study Contract must be submitted and approved prior to beginning coursework.

II. Tentative Outline of Work

III. Work to Complete for a Final Grade

**REQUIRED SIGNATURES:**

Supervising Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

Student/Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_

***AFTER ABOVE IS COMPLETED. SUBMIT TO: Bonnie Mottola, UH 422, for CRN to register for course.***

Office Use:

Section # \_\_\_\_\_ CRN# \_\_\_\_\_ Date CRN Obtained \_\_\_\_\_

By: \_\_\_\_\_