INDEPENDENT STUDY CONTRACT

To be completed by the faculty member and approved by the Department Chair/Director and the Academic Dean.

Student Name: ___________________________  ID: _________________________

Requested Course Number: _____________  Credits: _____  Location: _________

Course Title: ____________________________________________________________

Term: _______________  Faculty: ____________________________  (print)

Course Description (for non-catalog courses):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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Describe anticipated outcomes (for non-catalog courses), meeting times, dates, places, etc:

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Justification for offering in an independent study format:

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________________________________________________________________________
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________________________________________________________________________

________________________________________________________________________

________________________________ (student signature)  ______________________ (Department Chair/Director approval signature)

________________________________ (Academic Dean approval signature)