

# VERMONT TECH

## Office of the Registrar 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 Name: \_\_\_\_\_

Faculty Mailing Address: \_\_\_\_\_

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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\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Department Chair/Director Signature)

\_\_\_\_\_  
(Academic Dean Signature)

Cc: File

GL # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contract sent: \_\_\_\_\_

Contract received: \_\_\_\_\_

Paperwork Processed by  
Registrar:

Initials: \_\_\_\_\_

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