Independent Study Contract

Student Name_____

Student University ID_____

Term and Year_____

Faculty Name_____

Credit Hours_____

Course Number_____

Description of work to be completed by the student

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Student _____

Signature of Faculty Member_____

Signature of Department Head _____

Date _____