

INDEPENDENT STUDY LEARNING CONTRACT

Department or Curriculum Name:

Course #: Credit Hours:

List prerequisites (if applicable):

Section to be completed by Student

APPLICANT INFORMATION:

Student Applicant's Name: _____ PID: _____

E-mail: _____ Phone #: _____

Date of Application: _____ Credit Hours Sought: _____

Major: _____

Class: SENIOR JUNIOR SOPHOMORE FIRST YEAR

Semester Requested: FALL SPRING SUMMER I SUMMER II YEAR _____

Current GPA: CUMULATIVE _____ MAJOR _____

Prerequisite(s) Fulfilled: COURSE# _____ SEMESTER/YEAR _____ GRADE _____

COURSE# _____ SEMESTER/YEAR _____ GRADE _____

Section to be completed by Student and Faculty

INFORMATION ABOUT INSTRUCTOR OF RECORD:

Name: _____ E-mail: _____

Instructor's Independent Study Section #: _____

Faculty members are restricted to no more than two students per semester or summer session.

COURSE REQUIREMENTS. This is considered a contract between the instructor (advisor/sponsor) and the student. Deviations from this contract should be updated and documented to the extent possible by the instructor and student. Students are expected to devote at least three hours of independent work per week for each unit of credit (e.g., 9 hours per week if 3 credit hours).

a) Meeting requirements with the instructor (e.g., individual meetings, lab meetings, etc.). Include day/time of weekly or bi-weekly meetings.

b) Reading assignments (and due dates, if relevant): _____

c) Written assignments (page requirements/limits and due dates, if relevant): _____

d) Other assignments (please describe): _____

e) Assessment (e.g., % of course grade based on each requirement) including final examination (or alternate format): _____

f) Other information: _____

g) Work plan (100 words maximum):

I am attaching a syllabus containing ALL these required elements.

Student, Faculty and Administrative signatures

INSTRUCTOR OF RECORD AND STUDENT RESPONSIBILITIES:

I have read the requirements expected of the instructor, agree to undertake these responsibilities, and will abide by the Honor Code's responsibilities of faculty.

Instructor _____ Date _____

I have read the requirements expected of the student, agree to undertake these responsibilities, and will abide by the Honor Code's responsibilities of students.

Student _____ Date _____

*** INDEPENDENT STUDY COORDINATOR:**

This application for Independent Study has been reviewed. The proposal is

- APPROVED AS IS
- REQUIRES MORE INFORMATION (provide details and return to instructor and student)
- NOT APPROVED (provide rationale) _____

School/Department/Program Independent Study Coordinator Date

* If the Independent Study Coordinator is not the Department/Curriculum Chair, the Director of Undergraduate Studies (DUS), or another Faculty Designee of the Chair, then the Chair or the DUS must also approve this contract.

**** CHAIR OR DIRECTOR OF UNDERGRADUATE STUDIES (whichever is applicable):**

This application for Independent Study has been reviewed. The proposal is

- APPROVED AS IS
- REQUIRES MORE INFORMATION (provide details and return to instructor and student)
- NOT APPROVED (provide rationale)

Chair/Director of Undergraduate Studies/Faculty Designee/SAD Date

** If the Chair is the student's independent study instructor, this form must be signed by the Chair's Senior Associate Dean (SAD).

Note: Departments/Curricula must maintain copies of this contract for a minimum of two years.