



## INDEPENDENT STUDY CONTRACT

<b>Course:</b>	<input type="text"/>	<b>Credit Hours</b>	<input type="text"/>
<b>Student Name:</b>	<input type="text"/>	<b>Semester:</b>	<input type="text"/>
<b>Student E-mail:</b>	<input type="text"/>	<b>Year:</b>	<input type="text"/>
<b>Student ID:</b>	<input type="text"/>	<b>Faculty Name:</b>	<input type="text"/>

**Brief description of study to include topic(s), objectives, and activities:**

**Brief description of product(s) used to evaluate student learning:**

Estimated Time to Complete Project:

**PRINT & SIGN** prior to turning form in to the department office.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_