



# INDEPENDENT STUDY CONTRACT

Independent study courses are subject to the same academic regulations as those governing other courses, including add/drop periods and grading policies. The Academic Dean must approve all independent study contracts. All information and signatures must be provided before this form will be accepted. Use back of form if necessary. **PLEASE PRINT!**

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Email: \_\_\_\_\_ LSC Box #: \_\_\_\_\_

Instructors Last Name: \_\_\_\_\_ Instructors First Name: \_\_\_\_\_

Course #: \_\_\_\_\_ Full Course Title: \_\_\_\_\_ Credits: \_\_\_\_\_ Graded or PASS/No Pass (circle one)

Semester (circle one): Fall/Spring/Summer Year: 20\_\_ Course Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Course End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason for Independent Study:**

**Objectives of this Independent Study:**

**Resources to be used (answer all that apply):**

Print or non-print sources (e.g. demographic data, case histories, books, articles, photographs, video tapes). You may attach a bibliography.

**Human Resources** (e.g. persons to be interviewed, human service clients, students):

**Activities:**

- Meetings - how many times will instructor/student meet during semester (be Specific):
  
- Papers, portfolios, journals, logs to be submitted:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only: L\_\_FA/L\_\_SP/L\_\_SU  
Entered: \_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_