

College of Humanities and Social Sciences APPLICATION FOR INDEPENDENT STUDY CONTRACT*

Date D	egree Program/Majo	or	Sem	ester & Year	
Student's Name Address			#	GPA	
Home tel. #	Bus. tel #	C	Cell #:		
Email					
Department and Cours	e #	Section #	Course	Credit	
Instructor's Name			Department		
Title of Project					
PROJECT DESCRIPT	'ION (to be decided by I	nstructor with st	udent please	include student propos	

PROJECT DESCRIPTION (to be decided by Instructor with student, please include student proposal. Professor must include bibliography) Note: Include attachments if necessary.

METHOD OF EVALUATION (to be completed by Instructor. Must include number of meetings with student and other requirements such as papers, exams, journal etc.)

REQUIRED A	PPROVALS:					
Instructor's Sig	nature:		Date:			
Executive Direc	ctor/Chairman'	Date:				
Student signature:				Date:		
College Dean's signature:			Date:			
COPIES TO:	REGISTRAR	DEAN'S OFFICE	DEPARTMENT	INSTRUCTOR	STUDENTS	
	Original					
*Cred	it will be grante	d <u>ONLY</u> if this appl	ication is approved	l and processed th	hrough	
	the	College of Humani	ties and Social Sci	ences.		
		<u> </u>				

Denied By:	Date:	Reason:
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