

## INDEPENDENT STUDY LEARNING CONTRACT

**Department or Curriculum Name:** [Click here to enter text.](#)

**Course #:** [Click here to enter text.](#) **Credit Hours:** [Click here to enter text.](#)

List prerequisites (if applicable): [Click here to enter text.](#)

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 #: \_\_\_\_\_

#### Check One:

- For this course the faculty member has no more than two students per semester or summer session.
- For this course the faculty member has more than two students per semester or summer session. The reason for the exception is (FILL IN):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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): \_\_\_\_\_

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 four years.