**INDEPENDENT STUDY LEARNING CONTRACT**

**Department or Curriculum Name:**

**Course #: Credit Hours:**

List prerequisites (if applicable):

Section to be completed by Student

**INFORMATION ABOUT INSTRUCTOR OF RECORD:**

Name:  E-mail:

Instructor’s Independent Study Section #:  (can be obtained from the department registrar)

**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:

**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).

1. Meeting requirements with the instructor (e.g., individual meetings, lab meetings, etc.). Include day/time of weekly or bi-weekly meetings.
2. Reading assignments (and due dates, if relevant):
3. Written assignments (page requirements/limits and due dates, if relevant):
4. Other assignments (please describe):

Section to be completed by Student and Faculty

**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 GPA:  MAJOR GPA:

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

COURSE#:  SEMESTER/YEAR:  GRADE:

1. Assessment (e.g., % of course grade based on each requirement) including final examination (or alternate format):
2. Other information:
3. 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)

School/Department/Program Independent Study Coordinator 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.