

Undergraduate/Graduate Independent Study Contract



PLEASE PRINT CLEARLY

Department: _____ Date: _____

Student Name: _____ Student ID: _____

Address: _____

E-mail Address: _____ Telephone: _____

Course No.: _____ Reference No.: _____ No. of Credits: _____ Semester: _____

Reason for requesting independent study: _____

Title of Project: _____

1. Specific Student Outcomes:

Please Complete Other Side

PLEASE PRINT CLEARLY

2. Specific Activities on Part of Faculty:

3. Final Product Description and Deadline for Completion:

4. Grading Criteria:

Faculty Sponsor: (Signature) _____ Date: _____

Student: (Signature) _____ Date: _____

Chairperson Sponsor: (Signature) _____ Date: _____

SoB Dean: (Signature) _____ Date: _____

*A copy of the final project will be submitted to the School of Business Dean's office with the final grade and kept on file for three years.
No grades will be sent to the registrar unless the copy of the project has been received by the SoB Dean's Office.*