College of Humanities and Social Sciences
APPLICATION FOR INDEPENDENT STUDY CONTRACT *
Date ___________ Degree Program___________________ Semester & Year _______

Student’s Name _______________________________ Student ID # _____________

Address __________________________________________________________

Home tel. # __________________ Bus. tel # _______________ Cell #:____________ 

Email _____________________________________________________________

Note: An Independent Study course may be used as a substitute for a required course ONLY if the matriculated student is planning to graduate at the end of the semester in question and the required course is not offered. Credits completed: _______ Anticipated date of graduation: ____________

  o Equivalent Course # & Title: ________________________________
  o Elective: ____

Department & Course # ________________ Section # _______ Course Credits _____

Instructor’s Name _______________________ Department __________________

TITLE of PROJECT: _____________________________________________

PROJECT DESCRIPTION (to be decided by Instructor with student, please attach additional pages if needed)

METHOD OF EVALUATION (To be completed by Instructor including number of meetings with student)

REQUIRED APPROVALS:
Instructor’s Signature: _______________________________ Date: ____________

Department Chairman’s Signature: _______________________________ Date : ____________

Student’s Signature: _______________________________ Date: ____________

College Dean’s Signature: _______________________________ Date: ____________

*Credit will be granted ONLY if this application is approved and processed through the College of Humanities and Social Sciences.

COPIES TO: REGISTRAR DEAN’S OFFICE DEPARTMENT INSTRUCTOR STUDENT

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