

## INDEPENDENT STUDY CONTRACT

Student		Student ID#	
Instructor		_ Academic Term	
Title of Course			
On Campus Off Campus	Course Number	Credit	
I. Why must the course be taken as an independent study?			
II. Learning Goals			
<b>3</b>			
III. Activities and Assignments (include deadlines)			

(over)

IV. Expectations (e.g. grading criteria, frequency of contact, quality and quantity of output)			
Student Signature	Date		
Faculty Signature	Date		
Department Chair Signature	Date		