

Independent Study Contract

If you want to do a independent study, complete the following form and return to the professor. You may enroll in the course only after you have received approval.

Student's Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____

Semester: _____ Number of credit hours: _____

I will complete the following project/activity (Be specific! Include # of hours, name of agency and supervisor where applicable):

I agree to complete the following written assignment:

Due date:

Student's signature: _____ Date: _____

Professor's signature: _____ Date: _____