

# 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:**

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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.*