INDEPENDENT STUDY LEARNING CONTRACT

Department or Curriculum Name: ________________________
Course #: ____________________ Credit Hours: ____________

List prerequisites (if applicable):

Section to be completed by Student

APPLICANT INFORMATION:

Student Applicant’s Name: ___________________________ PID: ________________
E-mail: ___________________________ Phone #: ___________________________
Date of Application: ____________ Credit Hours Sought: ________________
Major: ____________________________
Class: SENIOR ☐ JUNIOR ☐ SOPHOMORE ☐ FIRST YEAR ☐
SemesterRequested: FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II ☐ YEAR _____
Current GPA: CUMULATIVE ____________ MAJOR ____________

Prerequisite(s) Fulfilled: COURSE# ________________ SEMESTER/YEAR ________ GRADE _________
COURSE# ________________ SEMESTER/YEAR ________ GRADE _________

Section to be completed by Student and Faculty

INFORMATION ABOUT INSTRUCTOR OF RECORD:

Name: ___________________________ E-mail: ___________________________
Instructor’s Independent Study Section #: ___________________________

Check One:
☐ For this course the faculty member has no more than two students per semester or summer session.
☐ For this course the faculty member has more than two students per semester or summer session. The reason for the exception is the students are part of a research team in faculty research laboratories, research programs, or established research groups in units.
☐ For this course the faculty member has more than two students per semester or summer session. The reason for the exception is (FILL IN):
________________________________________________________
________________________________________________________
________________________________________________________

COURSE REQUIREMENTS. This is considered a contract between the instructor (advisor/sponsor) and the student. Deviations from this contract should be updated and documented to the extent possible by the instructor and student. Students are expected to devote at least three hours of independent work per week for each unit of credit (e.g., 9 hours per week if 3 credit hours).

a) Meeting requirements with the instructor (e.g., individual meetings, lab meetings, etc.). Include day/time of weekly or bi-weekly meetings.

b) Reading assignments (and due dates, if relevant): __________________________________________
c) Written assignments (page requirements/limits and due dates, if relevant): __________________
d) Other assignments (please describe): __________________
e) Assessment (e.g., % of course grade based on each requirement) including final examination (or alternate format): ____________________________________________
f) Other information: __________________________________________________________

Please attach a description of the project (at least one page) to this form.

Student, Faculty and Administrative signatures

INSTRUCTOR OF RECORD AND STUDENT RESPONSIBILITIES:
I have read the requirements expected of the instructor, agree to undertake these responsibilities, and will abide by the Honor Code’s responsibilities of faculty.
Instructor ___________________________ Date __________________

I have read the requirements expected of the student, agree to undertake these responsibilities, and will abide by the Honor Code’s responsibilities of students.
Student ______________________________ Date __________________

* INDEPENDENT STUDY COORDINATOR:
This application for Independent Study has been reviewed. The proposal is
☐ APPROVED AS IS
☐ REQUIRES MORE INFORMATION (provide details and return to instructor and student)
☐ NOT APPROVED (provide rationale) ________________________________________________

________________________________________________________  ____________
School/Department/Program Independent Study Coordinator Date

* If the Independent Study Coordinator is not the Department/Curriculum Chair, the Director of Undergraduate Studies (DUS), or another Faculty Designee of the Chair, then the Chair or the DUS must also approve this contract.

** CHAIR OR DIRECTOR OF UNDERGRADUATE STUDIES (whichever is applicable):
This application for Independent Study has been reviewed. The proposal is
☐ APPROVED AS IS
☐ REQUIRES MORE INFORMATION (provide details and return to instructor and student)
☐ NOT APPROVED (provide rationale)

________________________________________________________  ____________
Chair/Director of Undergraduate Studies/Faculty Designee/SAD Date

** If the Chair is the student’s independent study instructor, this form must be signed by the Chair’s Senior Associate Dean (SAD).

Note: Departments/Curricula must maintain copies of this contract for a minimum of four years.