

INDEPENDENT STUDIES CONTRACT

Please complete this form, sign and turn into the main office (L017) by the second week of the term.

Date: _____

Student Name: _____ UIN: _____

Email: _____

Semester Registered: _____ 20__ Course No: _____ Credit Hours: _____

Project Schedule:

Project Description:

Basis for determining grade:

Faculty Signature

Student Signature