

Office Use Only	
Term Enrolled _____	Course #: _____
Data Entered _____	By _____

Arranged Study Contract

**Arranged Study fee will be charged for Fall, Winter, & May Terms only.
Applicable fees available in Registrar's Office.**

Student Name: _____ ID#: _____

E-mail Address: _____

Freshman
 Sophomore
 Junior
 Senior
 Special

Course Number and Title: _____

Units of Credit: _____ Beginning Date: _____ Date to be Completed: _____

Faculty Sponsor: _____

Reasons for Request

Student Activities/Responsibilities:

Sponsor Activities/Responsibilities:

Submit syllabus with this contract.

Faculty Sponsor Signature Date Student Signature Date

Department Chair Signature Date Advisor Signature Date

Registrar's Signature Date

Advisor Copy Faculty Sponsor Copy Dept Chair Copy Student Copy Original to Student File

Please return form to the Registrar's Office located in LH 216.