Office Use Only Term Enrolled

Course #:_

Βv

	Data Entere	d	Ву
Independent Study Learning Contract 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 Juni	or 🛛 Senio	r 🛛 Special	
Course Number:450 Abbreviated Title	to Appear on Trans	cript:	
Complete Project Title:			
Units of Credit: Beginning Date:		Date to be Compl	eted:
Faculty Sponsor:			
Description of Project/Topic:			
Rationale for Project/Topic:			
Projected Outcomes:			
Student Activities/Responsibilities:			
Sponsor Activities/Responsibilities:			
Faculty Sponsor Signature D	ate Student Sigr	nature	Date
Department Chair Signature For The Course D	ate Advisor Sigr	ature	Date

Registrar's Signature

Date

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