

INDEPENDENT STUDY CONTRACT

The University reserves the right to offer an Independent Study to students whose academic interests cannot be met by regular curriculum offerings. Independent Studies cannot be used to substitute for required courses in the curriculum. Minimum cumulative GPA of 3.00 is required and must be of junior or senior level status. **Non-Matriculated students do not qualify for Independent Study contracts.**

Student ID#: _____

Term/Year: _____

(Print Last Name)

(Print First Name)

Course Number & Title _____
(i.e. PSYCH 480 IS: Independent Study)

REASON: _____

Upon approval of this request, I agree to abide by the terms of the attached syllabus as well as the information provided below.

Student Signature: _____

Date: _____

NOTE: The student must submit this completed Independent Study Contract to the Registrar's Office by the end of the drop/add period of the semester in which the Independent Study will be taken.

RATIONALE:

Academic Advisor Signature: _____

Date: _____

(To Be Completed by the Faculty Mentor. Please attach Syllabus.)

I. METHODOLOGY OF INSTRUCTION:

II. NUMBER OF MEETINGS:

III. METHOD OF EVALUATION:

FACULTY MENTOR SIGNATURE: _____ **Date:** _____

The above named student has met all GPA and related requirements as outlined in the current catalog. Yes _____ No _____

REGISTRAR: _____ **Date:** _____

I, the undersigned, have read the requested information above and approve this Independent Study for the above named student.

SCHOOL DEAN (Sponsoring School): _____ **Date:** _____