



INDEPENDENT STUDY CONTRACT

Student Name (print) _____ SID or SSN _____ Semester _____ Year _____

Course Prefix and Number _____ Course Title _____ Course Credit(s) _____

Course Description (if not already in College Catalog) _____

Course Objectives (may attach syllabus) _____

Student Performance Assessment (may attach syllabus) _____

Required Signatures

Student: _____

Date _____

Supervising Faculty (signature) _____

Date _____

Supervising Faculty (PRINT name) _____

Date _____

Division Dean _____

Date _____

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