Independent Study Contract

Submit all copies of this form with all the required signatures to the Registrar’s Office.

<table>
<thead>
<tr>
<th>Department</th>
<th>Course # (2999, 9999, 5299, 5999)</th>
<th>Title (Please limit the title to 23 characters including spaces. The title will appear on your transcript and must be precise.)</th>
<th># of Units (max. 3)</th>
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DESCRIPTION OF THE STUDY

1. Goals (What the study is to achieve)

2. Methodology (How the study is to be developed; resources to be used)

3. Evaluation (How the study is to be evaluated - to be completed by the instructor)

This course must be completed by: _____________________     Today’s Date _____________________

Student’s Signature ___________________________________     Tel. # ______________________________

Address __________________________________________________________________________________

Instructor’s Name _____________________________     Instructor’s Signature _____________________________

Please print clearly

Instructor’s Signature _____________________________     Dean’s Signature _____________________________

Final Grade (to be assigned when all course requirements have been completed):

Grade: _____________     Date: _____________     Instructor’s Signature _____________________________

Registrar Use Only:

Date _____________________     ☐ Title Added

Paper Distribution: White: Registrar     Yellow: Student     Pink: Advisor

Revised 10/2009