

# INDEPENDENT STUDY OR INTERNSHIP CONTRACT

All required signatures must be obtained prior to registration

Student's Name: (print) \_\_\_\_\_ Local Phone: \_\_\_\_\_

Student's VIP number: \_\_\_\_\_ Major: \_\_\_\_\_

COURSE:

Department	Prefix	Course No.	Section	Credits	Schedule Code
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TERM:	Fall	Spring	Summer I	Summer II	Year
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Instructor's Name (Print) \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY THE INSTRUCTOR WHO WILL SUPERVISE THE STUDY

COURSE TOPIC : \_\_\_\_\_  
(Will appear on Academic Record)

Course Summary and Objective: \_\_\_\_\_

Textbooks, Readings or other sources to be used: \_\_\_\_\_

Method of Evaluation: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

I certify that this Independent Study will be used as part of my: ( ) Major ( ) Minor ( ) Cognate ( ) BAIS/ BSIS

( ) will not be used as part of my major, minor, or cognate.

I understand that completion of this form does not constitute registration.

_____	_____
Student's Signature	Date

_____	_____
Advisor's Signature	Date

_____	_____
School Head/Department Chair Offering the Course	Date

Student is to present the original to the Office of the Registrar to complete registration.