

Independent Study / Research Contract

Student Name: _____ UID#: _____ Major: _____

Academic Unit: _____ Faculty Sponsor: _____

Class No. _____ Subject _____ Catalog _____ Section _____

Credits: _____ Term Number - Fall: _____ Spring: _____ Summer: _____

Title of Proposal: _____

Objectives:

Description of Proposal: *(attach second page if necessary)*

Methods of Evaluation:

Signature of Student: _____

Approval - Faculty Sponsor: _____

Approval - Sponsoring Academic Unit: _____

Copy to Registrar's office

NOTE: Forms are due in room 08-1102 the first week of the semester Check if registered