



CONTRACT FOR INDEPENDENT STUDY AND TUTORIAL

DATE: _____

ID: _____

STUDENT'S NAME: _____

Major: _____

Program: _____

Class Level: Senior

Junior

GPA: _____

Faculty Sponsor: _____

TERM: FALL _____ WINTER _____ SPRING _____ SUMMER _____

Department: _____

Course Number: _____

Course Title: _____ Number of Credits: _____

Topic of Independent Study/Tutorial:

Requirements for Independent/Tutorial (Please attach syllabus, meeting times and other pertinent information)

Signature

Date

Approved: _____

Student: _____

Faculty Sponsor: Faculty _____

Advisor: Department Chair: _____

Dean of the Undergraduate College: _____