



## Problems Course/Independent Study Contract

Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Classification:      GR                      UG      VA Student?              Yes              No

Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_

Year: \_\_\_\_\_ Semester: \_\_\_\_\_

Part of Semester:      16 week              1<sup>st</sup> 8 week              2<sup>nd</sup> 8 week              other \_\_\_\_\_

Number of credit hours awarded: \_\_\_\_\_ (1 to 4 credit hours)

This course is (check one):

Elective Course **OR**      Replaces (substitutes) required course prefix and number: \_\_\_\_\_

Nature of Study (Check all that apply & list course information if applicable):

*Give essential details as to the following, (use back for additional comments as necessary)*

Research or Topic Study

Supervised Readings

Thesis

Interdisciplinary Studies

Software or System Study

Practicum or Internship

Text to be used: \_\_\_\_\_

Transcript course title (Limit 30 characters): \_\_\_\_\_

Description of course: \_\_\_\_\_

Testing and Grading Procedures (Check all that apply):

Comprehensive Final

Comprehensive Report

Other, please specify: \_\_\_\_\_

Periodic Exams

Mid-Term Exam

Assignments

Presentations

This contract must be completed and approved PRIOR to permission being granted for enrollment in this course. All the stated objectives, satisfying milestones, and progress reporting as stipulated by the supervising faculty member must be completed. Failure to meet objectives, schedules, or due dates set for this course may result in receiving a failing grade or being dropped from the roll.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Faculty Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Substitution processed by, billing notified  
(Leave Blank)

\_\_\_\_\_  
Date

Course Section Number: \_\_\_\_\_ CRN Number: \_\_\_\_\_