

Independent Study Contract

Select one:

- ◇ MUSC 497 (1.0 cr. hr.)
- ◇ MUSC 498 (2.0 cr. hrs.)

Name: _____

Student EID: **E** _____ Phone: (_____) _____ - _____

e-mail address: _____

U.S. Mail address (local): _____

: _____

Degree Program: _____

Title of Study: _____

Attach a brief statement (typed or computer printed) explaining the form of the study, the content of the study, the anticipated procedure for its completion (include timetable), and the method of evaluation.

I agree to complete the study under the terms of this contract.

Signature of Student: _____ Date: _____

I agree to direct the work of this student in the study described above and as attached. The student and I have specified conference times, requirements, and standards for completing the study.

Signature of Faculty Study Director: _____ Date: _____

Approved

Signature of Advising Coordinator: _____ Date: _____

Signature of School Director: _____ Date: _____

CRN: _____ Date Enrolled: _____ By: _____