

INDEPENDENT STUDY / DIRECTED RESEARCH CONTRACT

Name: \_\_\_\_\_ U#: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

Course:   0  /  ( \* 1 , ' 6  
Credit Hours: \_\_\_\_\_  
Semester: \_\_\_\_\_  
Faculty: \_\_\_\_\_

Describe your Project: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Have you taken an Independent Study or Directed Research course previously? If so,  
Semester/Year: \_\_\_\_\_  
Credit Hours: \_\_\_\_\_  
Faculty: \_\_\_\_\_

Note: Hours earned as Independent Study credit may only be used towards