INDEPENDENT STUDY/SPECIAL TOPICS COURSE CONTRACT

Student Signature



Please submit without signatures. Once approved, the form will be routed for

signatures via Docusign.

DIRECTIONS: Please complete this form and return via email to Ben Sobel and Rhonda Fuelberth (graduate-level contracts), or Stan Kleppinger (undergraduate-level contracts). You will be notified by e-mail with the correct call number for registration if the contract is approved or advised regarding revisions needed for approval. (A syllabus is optional but may be submitted with this form.)

The cocco for approve to the symbolic to approve	t but mey be submitted than and form,
STUDENT NAME:	NUID:
STUDENT EMAIL:	@huskers.unl.edu
INSTRUCTOR NAME:	
TERM (Semester Year, e.g., Fall 2023):	
COURSE NUMBER:	COURSE TITLE:
TOPIC:	
CREDIT HOURS:	
NUMBER AND LENGTH OF INSTRUCTIONAL	MEETINGS:
DESCRIPTION OF WORK TO BE GRADED:	
WILL THIS COURSE BE USED AS A SUBSTITU	TION FOR A DECILIDED DECIDE COLIDSE?
YES NO	HON FOR A REQUIRED DEGREE COORSE:
IF YES, WHAT COURSE?	
Note for undergraduate students: If "Yes", A this substitution. Please see your advisor.	Request of Substitution/Waiver Form is also necessary to validate
Note for graduate students: If "Yes", a progr (MM) or Program of Studies (DMA, PhD)] Pl	am change may need to be processed [Memorandum of Courses
(, 5	
Instructor Signature	Please submit without signatures. Once