

INDEPENDENT STUDY/SPECIAL TOPICS COURSE CONTRACT

DIRECTIONS: Please complete this form; print; and return to Colleen McDonald in Room 113 WMB. 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.

COURSE NUMBER AND TITLE:

TOPIC:

CREDIT HOURS:

NUMBER AND LENGTH OF INSTRUCTIONAL MEETINGS:

DESCRIPTION OF WORK TO BE GRADED:

WILL THIS COURSE BE USED AS A SUBSTITUTION FOR A REQUIRED DEGREE COURSE?

YES NO

IF YES, WHAT COURSE?_____ Note: If Yes, A Request of Substitution/Waiver Form is also necessary to validate this substitution. Please see your advisor.

INSTRUCTOR'S NAME

STUDENT'S FULL NAME

STUDENT'S E-MAIL ADDRESS

STUDENT'S SIGNATURE

INSTRUCTOR'S SIGNATURE