

## CLAS GRADUATE INDEPENDENT STUDY CONTRACT

**Student Name:** \_\_\_\_\_

Please note only students in good standing may enroll for an independent study course.

**Faculty Supervisor/Instructor:** \_\_\_\_\_

(Tenure-track, clinical-track, or instructional-track faculty with graduate faculty status)

**Semester and year of enrollment:** \_\_\_\_\_

**Course number and name:** \_\_\_\_\_

**Project title:** \_\_\_\_\_

**Number of hours:** \_\_\_\_\_

**Summary of student responsibilities and/or assignments and grading procedures:**

Attach a reading list if applicable.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this contract should be kept by the student, the supervisor or instructor, and the department.

