

University of Iowa
Graduate College
Department of Theatre Arts

Independent Study Contract
THTR:6691 Projects in Theatre

Student _____

Student UID _____

Faculty Supervisor _____

Your status as a student: How many semester hours of credit will you have completed at the end of the present semester? _____

Proposed Hours: How many credit hours are you proposing for this project? _____

Outline of Project

Describe your project in the space below, or attach a typed document.

Signature of Acknowledgement:

Student: _____ **Date** _____

Faculty Supervisor: _____ **Date** _____

Bring a signed copy of this contract to the Department of Theatre Arts Main Office.