

**Learning Contract for Independent Study**  
**Please return to Instructional Services Office, Room 311 Education**

Student: \_\_\_\_\_ UIN: \_\_\_\_\_

Student e-mail: \_\_\_\_\_

Course: \_\_\_\_\_ Term: \_\_\_\_\_ Credit Hours (2 or 4): \_\_\_\_\_

Instructor: \_\_\_\_\_

List all previous Independent Study courses, including hours received, instructor, and term taken:

Describe the activity to be covered in this Independent Study. Be as specific as possible, answering the following questions (attach a second sheet if necessary):

- What are you going to learn? (objectives)
- How are you going to learn it? (resources, methods, strategies)
- What will be the objective evidence that you have learned it? (assessment/end product)
- What will you do with the learning once you have it? (application)

\_\_\_\_\_  
Student/Date

\_\_\_\_\_  
Instructor/Date

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**AIISO USE ONLY:**

Dept Approval: \_\_\_\_\_ Dept Denial: \_\_\_\_\_

Instructor CRN: \_\_\_\_\_ Date Received in AIISO: \_\_\_\_\_

Date Student Notified of Approval/Denial: \_\_\_\_\_