

Learning Contract for Independent Study Curriculum and Instruction Students Only

Please return to Academic and Instructional Services Office, Room 345 Education

Student: _____ UIN: _____

Course: _____ Term: _____ Credit Hours (2 or 4): _____

Instructor: _____

List all previous Independent Study Courses, including hours received, instructor and date taken.

Describe the activity to be covered in this Independent Study. Be as specific as possible. *(Use a second sheet, if necessary.)*

Required written work:

Student/Date

Instructor/Date

AISO USE ONLY:

Dept Approval: _____ Dept Denial: _____

Instructor CRN: _____

Date Received in AISO: _____

Date Student Notified of Approval/Denial: _____