CONTRACT FOR INDIVIDUAL/INDEPENDENT STUDY/HONORS THESIS/CO-OP

PART A

Student Name__________________________________ Student #________________ Reg Credits________ Sem_______ Year_____

<table>
<thead>
<tr>
<th>DEPT.</th>
<th>COURSE NUMBER</th>
<th>COURSE TITLE</th>
<th>COURSE CREDITS</th>
<th>INSTRUCTOR NAME &amp; NUMBER</th>
</tr>
</thead>
</table>

COURSE SECTION:

NOTE: Should the number of credit hours, after the application of this form exceed 18 for the semester the student will be billed accordingly.

INDEPENDENT STUDY/RESEARCH  INDIVIDUAL STUDY  CO-OP/INTERNSHIP  

UNIVERSITY HONORS THESIS I  MASTERS THESIS  DEPT HONORS THESIS I  

UNIVERSITY HONORS THESIS II  DEPT HONORS THESIS II  

RATIONALE FOR STUDENT TAKING COURSE: (Check all that apply)

CONFLICT  RESEARCH  MINOR  SENIOR SEMINAR/CAPSTONE

REQUIRED  NOT CURRENTLY OFFERED  OTHER__________________________

Advisor’s Signature__________________________________________________________________________________________

PART B

Date Course Begins_________________________________________  Date Course Ends____________________________________________________

- For duration of the course, the course instructor and student agree to meet ________ ( ) times.
- The time and date of the meetings will be arranged by mutual agreement.
- There must be mutual understanding relative to:
  1. Course Syllabus or Research Description (must be attached to contract)
  2. Course Texts and other materials
  3. Course Requirements (reading, papers, examinations, etc.)
  4. Grading Procedure

This information must be provided to the student by the course instructor in writing prior to the commencement of the course. A copy of the information must also be attached to the contract, and will be placed in the student’s file in the Dean’s office.

Course Instructor’s Signature_________________________________ Date________________________

PART C

Chair of Dept. Offering Course Signature________________________ Date________________________

Student Signature______________________________________________________________________________ Date________________________

PART D

Dean of Student’s College Signature____________________________ Date________________________

Dean of College Offering Course Signature_______________________ Date________________________

CC: After the drop-add period approval from the Student Accounts Office is required.

<table>
<thead>
<tr>
<th>DEAN OF STUDENT'S COLLEGE</th>
<th>STUDENT</th>
<th>STUDENT'S ADVISOR</th>
<th>COURSE INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original with syllabus</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>HONORS OFFICE (thesis)</td>
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<tr>
<td>RECORDS OFFICE</td>
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