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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO-OP OFFICE (if co-op)</td>
<td>HONORS OFFICE (thesis)</td>
<td>RECORDS OFFICE</td>
<td>Records Approval-Initials/Date</td>
</tr>
</tbody>
</table>