



INDEPENDENT STUDY CONTRACT

FOREST GROVE UNDERGRADUATE STUDENTS

Student name: _____ Student ID # _____

Semester and year in which course is to be taken: _____

Start date: _____ End date: _____

_____	COURSE#:	_____ 295	_____ 395	_____ 495	_____
SUBJECT		(Lower div)	(Upper div)	(Research)	(Existing Course #)

Course title (max. 26 characters/spaces): _____

Contract instructor (please print): _____

Grading, if optional (select one): Graded Pass/No Pass

Credits: _____ New total credits: _____

Credit overload requires Associate Dean approval: _____

Is this a substitution for a course in student's major/minor program? _____

If so, for what course? _____

1) Independent Study Contract course description:

2) Proposed/planned schedule of meetings with instructor and what will be expected of student during these meetings:

3) Anticipated reading list:

4) Final product(s) to be turned in by student for evaluation:

ALL SIGNATURES ARE REQUIRED

Student Signature: _____ Date: _____

(1) Instructor: _____ Date: _____

(2) Advisor: _____ Date: _____

(3) Dept Chair: _____ Date: _____

Associate Dean, Academic Affairs: _____ Date: _____