

INDEPENDENT STUDY / DIRECTED RESEARCH CONTRACT

Name: _____ U#: _____
Address: _____ Email: _____
_____ Phone: _____

Course: 0 / (* 1 , ' 6
Credit Hours: _____
Semester: _____
Faculty: _____

Describe your Project: _____

Have you taken an Independent Study or Directed Research course previously? If so,
Semester/Year: _____
Credit Hours: _____
Faculty: _____

Note: Hours earned as Independent Study credit may only be used towards