



Problems Course/Independent Study Contract

Student: _____ WID#: _____

Student Classification: GR UG VA Student? Yes No

Course Prefix: _____ Course Number: _____

Year: _____ Semester: _____

Part of Semester: 16 week 1st 8 week 2nd 8 week other _____

Number of credit hours awarded: _____ (1 to 4 credit hours)

This course is (check one):

Elective Course **OR** Replaces (substitutes) required course prefix and number: _____

Nature of Study (Check all that apply & list course information if applicable):

Give essential details as to the following, (use back for additional comments as necessary)

Research or Topic Study Supervised Readings Thesis Study Abroad
Interdisciplinary Studies Software or System Study Practicum or Internship

Text to be used: _____

Transcript course title (Limit 30 characters): _____

Description of course: _____

Testing and Grading Procedures (Check all that apply):

Comprehensive Final Comprehensive Report Other, please specify: _____
Periodic Exams Mid-Term Exam Assignments Presentations

This contract must be completed and approved PRIOR to permission being granted for enrollment in this course. All the stated objectives, satisfying milestones, and progress reporting as stipulated by the supervising faculty member must be completed. Failure to meet objectives, schedules, or due dates set for this course may result in receiving a failing grade or being dropped from the roll.

Student Signature

Date

Supervising Faculty Member Signature

Date

Department Chair Signature

Date

College Dean Signature

Date

Substitution processed by, billing notified Date
(Leave Blank)

Course Section Number: _____ CRN Number: _____