



# Undergraduate Independent Study Contract

Student Name: \_\_\_\_\_ SID (not SSN): \_\_\_\_\_

Course (prefix, course no.): \_\_\_\_\_ Semester (Year/Term): \_\_\_\_\_

Faculty Mentor: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Research/Project Title: \_\_\_\_\_

Learning goals:

General description of methods to be employed:

Anticipated project or research results:

Product student is to provide, including due date:

Grading expectations:

Arrangements for student-faculty member interactions:

Must be completed and submitted no later than the last day to add a class in any term. Please sign below by entering your name, e-mail address, and phone number.

Student: \_\_\_\_\_  
(full name, e-mail address, phone number)

Faculty Mentor: \_\_\_\_\_  
(full name, e-mail address, phone number)