

Graduate Student 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)

Distribution of electronic copies via e-mail: i) student, ii) faculty mentor, iii) DGS for the student's program, and iv) Office of Academic Programs, Sarah Wells (<u>Sarah.Wells@uky.edu</u>). AAA/SACS/10-13/Indep 12-08-2011