

INDEPENDENT STUDY/SUPERVISED RESEARCH CONTRACT

Applies to courses: EDUC 796A/B, EDUC 990

Section to be completed by student:

APPLICANT INFORMATION:

Student Applicant's Name: _____ PID: _____

Email: _____ Phone #: _____

Date of Application: _____ Credit Hours Sought: _____

Degree: _____

Class: DOCTORAL MASTER

Semester Requested: FALL SPRING SUMMER I SUMMER II YEAR _____

Section to be completed by Student and Faculty Member:

INFORMATION ABOUT INSTRUCTOR OF RECORD:

Name: _____

Email: _____

Instructor's Section #: _____

Check One:

for this course the faculty member has no more than two students per semester or summer session.

for this course the faculty member has more than two students per semester or summer session. The reason for the exception is (FILL IN): _____

COURSE REQUIREMENTS. This document is considered a contract between the advisor and the student. Deviations from this contract should be updated and documented to the extent possible by the instructor and student. Students are expected to devote at least three hours of independent work per week for each unit of credit (e.g., nine hours per week for three credit hours of independent study).

a) Meeting requirements with the instructor (e.g., individual meetings, lab meetings, etc.).

Include day/time of weekly or biweekly meetings: _____

b) Readings (and due dates, if relevant): _____

c) Written assignments (length and due dates, if relevant): _____

d) Other assignments (please describe): _____

e) Assessment (e.g., % of course grade based on each requirement) including final examination (or alternate format): _____

f) Other information: _____

g) Describe the work plan (100 words maximum) or attach a syllabus:

Student, Faculty, and Administrative signatures

INSTRUCTOR OF RECORD AND STUDENT RESPONSIBILITIES:

I have read the requirements expected of the instructor, agree to undertake these responsibilities, and will abide by the Honor Code's responsibilities of faculty.

Instructor _____ Date _____

I have read the requirements expected of the student, agree to undertake these responsibilities, and will abide by the Honor Code's responsibilities of students.

Student _____ Date _____

SUPERVISED RESEARCH COORDINATOR:

This application for Independent Study has been reviewed. The proposal is

- APPROVED AS IS
- REQUIRES MORE INFORMATION (provide details and return to instructor and student)
- NOT APPROVED (provide rationale) _____

School/Department/Program Independent Study Coordinator Date

If the Supervised Research Coordinator is not the Department Chair, the Director of the Master's Program, Director of the PhD Program, and then the Director of the program must also approve.

CHAIR OR DIRECTOR OF GRADUATE STUDIES (whichever is applicable): This application for Supervised Research has been reviewed. The proposal is

- APPROVED AS IS
- REQUIRES MORE INFORMATION (provide details and return to instructor and student)
- NOT APPROVED (provide rationale) _____

Chair/Director of Undergraduate Studies/Faculty Designee/Dean Date

** If the Chair is the student's independent study instructor, this form must be signed by the Chair's Dean.

Note: Departments/Curricula must maintain a copy of this contract for a minimum of four years.