INDEPENDENT STUDY CONTRACT

Name: ___________________________  Semester/Year: ___________________________

Course #: _________________________  Credit: _____________________________  Faculty Sponsor: ___________________________

Title of Project:

Narrative Description of the Supervised Study:
Objectives of the Study (be specific):

Required text:

Student Timetable for the Project Listed by the Week:

Faculty Sponsor’s Obligations (completed by sponsor):

Evaluation Methodology (including weightings by %):

Certification:
Student is Eligible to take independent study this semester:  Yes  No

Independent study Credits Taken Previously – Semester:

Student Signature and Date: ________________________________

Faculty Advisor Signature and Date: _________________________

Academic Director, BIOMS/Date: ________________________________

Changes Recommended by Any of the Above: