

Independent Study Contract

_____	_____	Grade Mode: (check one)
Semester	Year	Letter Grade _____
		Pass or No Pass _____
_____		_____
Student's name (please print)		ID
_____		_____
Department	Crse #	# of Credits
		(Note: 1 credit /15 hours of scholarly work.)
_____		Instructor (please print)
_____		_____
Title		Shortened Title
		(your preference - 26 characters)

Required Signatures:

_____	_____
Student	Date
_____	_____
Faculty Supervisor	Date
_____	_____
Advisor	Date
_____	_____
Chair	Date
_____	_____
Dean	Date

Registrar's Office use only		
CRN	Date	Initials
_____	_____	_____

Submit to Registrar's Office Upon Completion of Contract - McMullen Hall 1st Floor 406-657-2158
Due by 15th Class Day of the Semester