

Internship, Projects, Research, Independent Study or Directed Study Contract

Note: A registration form needs to be submitted with this contract

GENERAL INFORMATION

Fall Spring Summer

_____ Year

_____ Date

_____ Name

_____ Student ID

_____ Current phone number | Other phone number

_____ Email address

COURSE INFORMATION *(The following information should be completed with the assistance of the instructor of the course)*

I am requesting to add the following option:

- Internship (98) Project (99) Thesis (99) Research Project (90)
 Independent Study (92) Directed Study

Select the course level:

- 100 level 200 level 300 level 400 level

CRN*	Course Subject	Course Number	Section Number*	Course title	Credits**
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ADD CLASSES

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* CRN and Section Number will most likely be assigned by the Registrar's Office during registration

**One credit= 40+ hours of full time study (class time, reading, research, job/work training, work experience, or other relevant materials.)

This course will start and begin on:

Start Date ___/___/___ to End Date ___/___/___ (course must start and end within the semester)

Are there additional lab or other course fees for this course? No Yes- fee amount \$_____

Turn page over to complete course outcome, assignment, and evaluation information. If additional space is required attach the additional information to this document.

SIGNATURES

Student: _____ Date: _____

Contract Supervisor/Instructor: _____ Date: _____

Department Chair: _____ Date: _____

Provost: _____ Date: _____

Financial Aid Office (if enrolling after semester begins) _____ Date: _____

COURSE DETAILS INFORMATION

Registrar Office Use Only: Date registered: _____ Credits registered: _____ Posted by: _____

Provide class assignment information in the following areas. Be as specific as possible.

Course Outcomes and Objectives

Required Student Assignments and Activities (be specific/provide detail)

Evaluation Methods