THE UNIVERSITY of MONTANA WESTERN

OFFICE OF THE REGISTRAR

Specialized Courses Contract

Internship, Projects, Research, Independent Study, Advanced Studios, or Directed Study

GENERAL INFORMATION	
Fall Spring SummerYear	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) Rese	earch Project (90)
Independent Study (92) Advanced Studio(90) Directed Study	
Select the course level:	
100 level 200 level 300 level 400 level	
CRN* Course Course Section Course title Subject Number Number*	Credits**
ADD CLASSES	
* 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:
Division Chair:	Date:
Provost (Directed Study Only):	Date:
Registrar Office Use Only: Date registered: Credits registered:	Posted by:

COURSE DETAIL INFORMATION

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

INTERNSHIP- What business will you be completing your internship with ______

Course Outcomes and Objectives

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

Evaluation Methods