INDIVIDUAL STUDY CONTRACT
Traditional Undergraduate Program Only

Student's Name:____________________________________ Term: Fall ___ January ___ Spring ___ Summer ___ Year __________

Student ID:________________________ Major 1________________________ Major2_________________________

Directions: Please select the type of study you plan to undertake and fill out the appropriate sections. Return the completed form to the Registrar’s Office (Gorin Hall) with signed approvals. Please attach learning contract for internship, independent or directed study.

Fee Structure is as follows:
$350 per credit for traditional undergraduate Summer or Immersion terms 2011.
$931 per credit applies to traditional undergraduate Fall 2011 or Spring 2012 registrations of less than 12 total credits.
$931 per credit for the 2011-2012 traditional term registrations exceeding 18 total credits.

INTERNSHIP
Course Title: _____________________________________________________
Company/Organization: ________________________________________________________________________________
Supervisor's Name: (Please print) _________________________________________
Department________ CRN/Course Number (assigned by Registrar)_____________________________ Credit Hours____

INDEPENDENT STUDY
Course Title: ______________________________________________________
Supervising Faculty’s Name: (Please print) ________________________________________________
Department________ CRN/Course Number (assigned by Registrar)_____________________________ Credit Hours____

DIRECTED STUDY
Course Title: ______________________________________________________
Supervising Faculty’s Name: (Please print) ________________________________________________
Department________ CRN/Course Number (assigned by Registrar)_____________________________ Credit Hours____

I have discussed this fully with my faculty supervisor and have agreed upon the content and terms needed to complete this course satisfactorily.

Student’s Signature ______________________  Date ______________
Advisor’s Signature _____________________  Date ______________
Supervising Faculty Signature ____________  Date ______________
Student Service Center (Fin. Aid) ___________  Date ______________
Department Chair’s Signature ______________  Date ______________
Dean’s Signature _________________________  Date ______________
Director January and Summer Immersion ____________  Date ______________
(Required only if the Individual Study contract occurs during the Summer or Immersion term.)