

MILLIKIN UNIVERSITY®

Directed/Independent Study Contract

Registrar's Office 1184 West Main Street Decatur, Illinois 62522

217.424.6217 registrar@millikin.edu

Student Name: ____

Student ID:

Term: Fall ____ January ____ Spring ____ Summer ____ Year _____

Fee Structure

2. Student

Consult the current Academic Year Bulletin or January/Summer Immersion Bulletin for the fee structure which applies to your option indicated below.

To be completed by the super-	vising faculty. <u>Syllabus</u>	with learning goals for the course must b	<u>e attached.</u>	
Select one:				
take a credit course - not currently cover material comparable to that be exercised as a scheduling necess	being offered - from the r included in a regularly sch sity or convenience when	to meet individually or collectively with a pr egular curriculum. It is understood (1) that th eduled offering of the course, and (2) that th adequate reasons for so doing have been pre cactivity is required for each credit hour atte	he student will he option will only esented. The	
	omprising any one of the	ve students meet with a professor to study a regular curricular course offerings. The equiva each credit hour attempted.		
Course Prefix & Number (ex. AC100)	Course Title:			
Credit Hours Start Date	End Date			
Meeting Days/Times (if applicable)				
Supervising Faculty's Name:				
Signatures must be obtained in order. Submit completed form to Dean's office (#5 below).				
1. Supervising Faculty	Date	4. School Director (for the course)	Date	

5. Dean (for the course)

3. Academic Advisor		Date	6. Director of January and Summer Immersion (If applicable)
FOR OFFICE	USE ONLY		
CRN:	Section*:	Checked by Registrar \Box	Student notified to register:
			Admin. Asst. Signature

Date

Date

Date

Date

*Assign Section numbers as follows: D01, D02, etc. for Directed Study; N01, N02, etc. for Independent Study