INDIVIDUAL STUDY CONTRACT
Traditional Undergraduate Program Only

Student’s Name: _______________________________ Term: Fall __ January __ Spring __ Summer __ Year __________
Student ID: ___________________ Major 1 ___________________ Major 2 ___________________

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:
$482 per credit for traditional undergraduate Summer or Immersion terms 2015.
$998 per credit applies to traditional undergraduate Fall 2015 or Spring 2016 registrations of less than 12 total credits.
$998 per credit for the 2015-2016 traditional term registrations exceeding 18 total credits.
$22 per credit for comprehensive fee for the 2015-2016 traditional term registrations.

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 Financial Services (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.)