Individualized Major Program Independent Study Contract

Course Number (circle one): IMP-X490 (formerly I460)  IMP-X390 (formerly I360)
(Use X490 unless you are enrolling for two independent studies in the same semester, in which case enroll for one each of X490 and X390.)

Credit Hours: ___________  Semester/Year: ______________________

Student’s Name: ______________________________  Student’s ID#: ______________________

Instructor’s Name: ______________________________

Instructor’s E-mail: ______________________________

Instructor’s Signature: ____________________________________________

Attach a description of your proposed independent study, including its purpose and structure, the planned frequency of meetings with your instructor, and the amount of writing and/or oral reporting you plan to produce. Think of this description as equivalent to a syllabus. If you are proposing a research/reading course, provide a week-by-week schedule of readings, writings, and activities. If you are proposing through this course to acquire technical skills, to do fieldwork, or to engage in a creative project, sketch in as fully as possible the step-by-step process by which you intend to reach your aims. Be sure to discuss with your instructor the grading criteria and appropriate number of credit hours for the course. The number of credit hours you wish to claim should be reflected in the amount of work described.

If the instructor of this independent study is not one of your IMP sponsors, please obtain your sponsors’ approval below:

Sponsor’s Name: ______________________________  Sponsor’s E-mail: ______________________

Sponsor’s Signature: ____________________________________________

Second sponsor (if applicable):

Sponsor’s Name: ______________________________  Sponsor’s E-mail: ______________________

Sponsor’s Signature: ____________________________________________

Third sponsor (if applicable):

Sponsor’s Name: ______________________________  Sponsor’s E-mail: ______________________

Sponsor’s Signature: ____________________________________________