

Academic Programs Student Services Cooper Hall, Suite 1100 701 Highland Avenue Madison, Wisconsin 53705 Front Desk 608-263-5202 Fax 608-263-5296

## **N299 Independent Reading Contract**

## Instructions:

- Type Information; all fields must be filled in.

  (you will need the Free Adobe Acrobat Reader version 5.0 or higher to type your information into the fields)
- Attach appropriate documentation if applicable.
- Include Name and Campus ID on all attachments.
- After the form has been completed and signed, the student should make two additional copies of this form; a
  copy is given to the professor, the original is submitted to Academic Programs Student Services Offices Front
  Desk, Suite 1100, and the second copy is for the student.

The purpose of this form is to record the contract between the Course Professor and the student at the beginning of the independent reading. Grading is letter grade (A-F)

STUDENT INFORMATION	
Campus ID	Student Name
COURSE INFORMATION	
Semester Taken (i.e. Fall 2012)  Fall 20  Spring 20	Course Professor
Credits taken	Deadline for completion of study requirements
The Objective(s) of this Independent Reading Study is (are): (you may use extra paper if needed)  Evidence of accomplishment to be presented: (you may use extra paper if needed)	
I have read the above and agree to the conditions for independent study.  Signature of Student: Date:	
Signature of Course Professo	r:Date: