

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

N699 Independent Study Contract

Instructions:

STUDENT INFORMATION

- 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, then the student should make two 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 study. Grading is letter grade (A-F)

Campus ID			Student Name	
COURSE INFORMATION				
Semester Taken (i.e. Fall 2008) Cou		Course Pr	Course Professor	
Fall				
Spring	20			
Summer	20			
Credits Taken	Deadline fo	or completion of Study Requirements		
The Objective(s) of this Independent 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 Professor:				Date: