INDIVIDUALIZED STUDY CONTRACT

Please follow the instructions below to complete this contract.
1. Fill in all information and obtain necessary approval signatures.
2. Deadline for Filing: For registration, contract must be filed with the Academic Affairs Office, W114 Furcolo Hall, prior to the end of the add/drop period.
3. Changes in existing contracts may be renegotiated.

Last Name                  First Name                  Middle Initial   Spire #

E-mail Address

Telephone Number

Major

STATUS (Check)
☐ Undergraduate (UG)
☐ Master’s (GM, GA, GT)
☐ Master’s/Doctoral (GY)
☐ Doctoral (GD)
☐ Continuing Education (CPE)
☐ Non-Degree (GN)
☐ Other __________________

☐ ***Apply credits towards Education Minor
                (Must have Educator Licensure Officer’s Signature)

Semester & Year (e.g., Fall 2007)

Graduation Class

Title of Individualized Study

STATEMENT OF OBJECTIVES (Additional information may be attached):

PLANNED ACTIVITIES:

CRITERIA FOR EVALUATION AND FORM(S) OF ASSESSMENT:

APPROVAL SIGNATURES:

* Printed Faculty / Instructor’s Name

Concentration

FOR OFFICE USE ONLY

Course # EDUC __________________________

Class # (5 digits) __________________________

Abbreviated Title (Max 25 characters w/spaces):

Approved: __________________________

Student

Date

Instructor

Date

Faculty Sponsor

Date

Educator Licensure Officer

Date