

| | | |
|---|------------|--------------------|
| First Name: | Last Name: | Inver Hills ID#: |
| Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | | Year: |
| Instructor Name: | | Department: |
| Topic or Course: | | Number of Credits: |

1. Is this a regular course in the Inver Hills catalog? Yes No
 - **If Yes:** Why do you need to take the course independently rather than as a regularly scheduled class?
 - **If No:** What is the purpose of study? What are the objectives?

2. What are the proposed methods?

3. What materials will be needed?

4. How will this study be evaluated?

5. What are the instructor's individual requirements?

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Academic Dean Signature: _____ Date: _____

- *Additional comments may be placed on the back of this page.*
- *This form becomes the study contract when properly signed.*

Office Use

Course and Section Number: