



DEPAUW UNIVERSITY  
REGISTRAR'S OFFICE

# INDEPENDENT STUDY CONTRACT

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Student \_\_\_\_\_ Student ID# \_\_\_\_\_

Instructor \_\_\_\_\_ Academic Term \_\_\_\_\_

Title of Course \_\_\_\_\_

On-Campus

Off-Campus

Course Number \_\_\_\_\_

Credit \_\_\_\_\_

**I. Why must the course be taken as an independent study?**

**II. 2-3 measurable Student Outcomes**

**III. Activities and Assignments (include deadlines)**

(over)

**IV. Expectations (e.g. grading criteria, frequency of contact, quality and quantity of output)**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Faculty Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_