

Independent Study Agreement

--To be completed by faculty instructor--

Section 1

Name of faculty instructor:

Email:

I agree to supervise Independent Study for the student below.

Signed _____ Date _____

Student's name & RUID: _____

E-mail: _____

I agree to abide by the Independent Study plan outlined below and will inform my faculty instructor immediately of any changes to the plan.

Signed _____ Date _____

Independent Study

Course # _____

Course name _____

of credits: _____

Semester & Year: _____

Section 2

Independent Study Plan (insert here or attach as separate sheet)

1. Student's study proposal:
2. Student's bibliography:
3. Schedule of meeting times:
4. Assignments:
5. Justification for Independent Study:
6. Will human subjects/informants be used in the Independent Study? Yes/No

If Yes, *IRB protocols must be followed* in order to be compliant with University regulations.

Section 3

Academic Approval: Undergraduate Program Director or Graduate Program Director

Approved: Yes No If no, explain:

Signed _____ Date _____

Budgetary Approval: Department Chair

Approved: Yes No If no, explain:

Signed _____ Date _____