

THE MOMENT OF DISCOVERY



EUREKA COLLEGE

**INDEPENDENT STUDY AGREEMENT**

NAME: \_\_\_\_\_  
  LAST    FIRST    MIDDLE

SONISID: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SEMESTER OF STUDY:      Fall                      Spring                      Summer                      YEAR: \_\_\_\_\_

COURSE ID: \_\_\_\_\_ 400                                      SEMESTER HOURS: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

I. Purpose/Rationale for this Study:

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II. Description/Method of the Study:

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III. Describe the report or presentation required for this Study (if applicable):

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IV. Normally the student should complete at least 12 hours of work in any area before approval of an Independent Study. What are your qualifications for doing this Study?

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V. What are the assessment tools that will be used to evaluate this Study? Please include explicit criteria to be used for determining the grade &/or successful completion of this Study.

**Please include the GRADING SCALE.**

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VI. Textbook/Materials/Software to be used for this Study:

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VII. Do you propose that this Study be designated a Writing Course?

                                            
Yes                                      No

If yes, please give justification for how this course will meet the criteria set forth in the Eureka College Catalog for writing courses.

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VIII. Will this Study be substituted for a specific requirement?

                                            
Yes                                      No

If yes, please give the justification for how this Study will meet the objectives of the course for which it will be substituted. (NOTE: Independent Study courses cannot be substituted for General Education requirements.)

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Substitutions for requirements in the major also require the signature of a second Professor in the subject area.

\_\_\_\_\_  
Departmental Colleague

If the student is in the Teacher Education Program, the signature of the Director of Teacher Education is necessary.

\_\_\_\_\_  
Director of Teacher Education

**REQUIRED SIGNATURES:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Division Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Provost: \_\_\_\_\_ Date: \_\_\_\_\_

Records Office: \_\_\_\_\_ Date: \_\_\_\_\_