

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:

II. Description/Method of the Study:

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

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?

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.

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

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.

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.)

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: _____