

INDEPENDENT STUDY: LEARNING CONTRACT
(to be submitted CCT Program Coordinator at time of Registration)

Name of Student:

Social Security #:

Name of Faculty Advisor:

Course # and Semester work will be complete:

I. Brief description of the area to be researched:

II. Brief description of what student is required to do (e.g., complete certain list of readings; write certain number of papers of a given length or scope)

III. Expected number or frequency of meetings between student and faculty advisor:

Student Signature

Faculty Signature

Date