

Contract Form

PLEASE SELECT ONE:

Independent Study

Independent Research

Thesis

Name _____ Student ID _____

Address _____ City _____ State _____ Zipcode _____

Email _____ Phone _____ Degree Program _____

Department _____ Course Number _____ Credit Hours 1-5 _____ Semester _____

Goals of Project:

Methods of Evaluation:

Adviser's Signature _____ Date _____

Instructor's Signature _____ Date _____

Student's Signature _____ Date _____