

**PSYCHOLOGY/ COUNSELING/SPECIAL EDUCATION '89' COURSES
INDEPENDENT STUDIES CONTRACT**

Student's Name _____ ID# _____

Semester and Year _____ Major _____ Minor _____

Course Title (area of investment/interest) and semester credit hours _____

Content to be Covered

Method of Assessment (Examination, paper, etc.)

Justification

Will this independent study substitute for a course offering? _____ Yes _____ No

If yes which course? _____

Student Signature _____ Date: _____

Faculty Signature _____ Date: _____

Department Head Signature _____ Date: _____

This form **MUST** be completed for all independent studies courses.