

## **INDEPENDENT STUDY LEARNING CONTRACT**

### **Department of Classics**

The Department of Classics no longer uses the paper contract shown below. We have transitioned to using the [Online Learning Contract Manager](#). This is a sample of the form you will fill out and the information needed to complete the form. Students will need to discuss this opportunity with the faculty instructor and the DUS before filling out the form. We recommend that you begin the process well before the semester begins.

**INDEPENDENT STUDY LEARNING CONTRACT**

**Department of Classics**

**Course #:** \_\_\_\_\_

**Credit Hours:** \_\_\_\_\_

List prerequisites (if applicable): \_\_\_\_\_

Section to be completed by Student

**APPLICANT INFORMATION:**

Student Applicant's Name: \_\_\_\_\_ PID: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Credit Hours Sought: \_\_\_\_\_

Major: \_\_\_\_\_

Class: SENIOR  JUNIOR  SOPHOMORE  FIRST YEAR

Semester Requested: FALL  SPRING  SUMMER I  SUMMER II  YEAR \_\_\_\_\_

Current GPA: CUMULATIVE \_\_\_\_\_ MAJOR \_\_\_\_\_

Prerequisite(s) Fulfilled: COURSE# \_\_\_\_\_ SEMESTER/YEAR \_\_\_\_\_ GRADE \_\_\_\_\_  
COURSE# \_\_\_\_\_ SEMESTER/YEAR \_\_\_\_\_ GRADE \_\_\_\_\_

Section to be completed by Student and Faculty

**INFORMATION ABOUT INSTRUCTOR OF RECORD:**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Instructor's Independent Study Section #: \_\_\_\_\_

Faculty members are restricted to no more than two students per semester or summer session.

**COURSE REQUIREMENTS.** This is considered a contract between the instructor (advisor/sponsor) and the student. Deviations from this contract should be updated and documented to the extent possible by the instructor and student. Students are expected to devote at least three hours of independent work per week for each unit of credit (e.g., 9 hours per week if 3 credit hours).

a) Meeting requirements with the instructor (e.g., individual meetings, lab meetings, etc.). Include day/time of weekly or bi-weekly meetings.

\_\_\_\_\_

b) Reading assignments (and due dates, if relevant): \_\_\_\_\_

c) Written assignments (page requirements/limits and due dates, if relevant): \_\_\_\_\_

d) Other assignments (please describe): \_\_\_\_\_

e) Assessment (e.g., % of course grade based on each requirement) including final examination (or alternate format): \_\_\_\_\_

f) Other information: \_\_\_\_\_ g) Work plan (100 words maximum):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am attaching a syllabus containing ALL these required elements.

# INDEPENDENT STUDY LEARNING CONTRACT

## Department of Classics

Student, Faculty and Administrative signatures

### **INSTRUCTOR OF RECORD AND STUDENT RESPONSIBILITIES:**

I have read the requirements expected of the instructor, agree to undertake these responsibilities, and will abide by the Honor Code's responsibilities of faculty.

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

I have read the requirements expected of the student, agree to undertake these responsibilities, and will abide by the Honor Code's responsibilities of students.

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

### **\* DIRECTOR OF UNDERGRADUATE STUDIES:**

This application for Independent Study has been reviewed. The proposal is

APPROVED AS IS

REQUIRES MORE INFORMATION (provide details and return to instructor and student)

NOT APPROVED (provide rationale) \_\_\_\_\_

\_\_\_\_\_  
Director of Undergraduate Studies

\_\_\_\_\_  
Date

\* If the Independent Study Coordinator is not the Department/Curriculum Chair, the Director of Undergraduate Studies (DUS), or another Faculty Designee of the Chair, then the Chair or the DUS must also approve this contract.

### **\*\* CHAIR:**

This application for Independent Study has been reviewed. The proposal is

APPROVED AS IS

REQUIRES MORE INFORMATION (provide details and return to instructor and student)

NOT APPROVED (provide rationale)

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Date

\*\* If the Chair is the student's independent study instructor, this form must be signed by the Chair's Senior Associate Dean (SAD).

Note: Departments/Curricula must maintain copies of this contract for a minimum of two years.