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 ________

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

<table>
<thead>
<tr>
<th>Student, Faculty and Administrative signatures</th>
</tr>
</thead>
</table>

**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.