

CONTRACT FOR ENGLISH 499
INDEPENDENT STUDIES

Student Name: _____ Student Number: _____

Local Address: _____
(street, city, state, zip)

Local Phone: _____ Class Standing: _____

Major: _____ Advisor: _____

Semester/Year: _____ Credit Hours: _____ Email: _____

Faculty Sponsor: _____

Purpose and Scope of Course:

Required Readings:

Optional Readings:

Number, Length, and Frequency of Meetings:

Course Requirements (Exams, Papers, Projects, etc.):

(Student)

(Date)

(Faculty Sponsor)

(Date)

(Department Chairperson)

(Date)