

**GRAND VALLEY STATE UNIVERSITY
COLLEGE OF EDUCATION**

Directions: This contract must be completed and signed by both the student and supervising faculty member. Once approved by the Department Chair, please return this form to the COE Student Information and Service Center and a registration permit will be issued.

INDEPENDENT STUDY CONTRACT

Student Name _____ **Student G Number** _____

Home Address _____ **City/State** _____ **Zip** _____

Phone: Home _____ **Work** _____

Instructor _____ **Area of emphasis** _____

Semester/Year: Fall / _____ Winter / _____ Spring (first half) / _____ Summer (last half) / _____
Spring/Summer (full 12 week term) / _____

Please select course and indicate number of credits below.

EDC:

_____ EDC 699 (1, 2, or 3 credits)

EDF:

_____ EDF 399 (1, 2, or 3 credits)

_____ EDF 499 (1, 2, or 3 credits)

_____ EDF 699 (1, 2, or 3 credits)

EDH:

_____ EDH 699 (1, 2, or 3 credits)

EDI:

_____ EDI 399 (1, 2, or 3 credits)

_____ EDI 499 (1, 2, or 3 credits)

_____ EDI 699 (1, 2, or 3 credits)

_____ EDI 799 (1, 2, or 3 credits)

EDL:

_____ EDL 699 (1, 2, or 3 credits)

_____ EDL 799 (1, 2, or 3 credits)

EDR:

_____ EDR 499 (1, 2, or 3 credits)

_____ EDR 699 (1, 2, or 3 credits)

EDS:

_____ EDS 399 (1, 2, or 3 credits)

_____ EDS 499 (1, 2, or 3 credits)

_____ EDS 699 (1, 2, or 3 credits)

EDT:

_____ EDT 399 (1, 2, or 3 credits)

_____ EDT 499 (1, 2, or 3 credits)

_____ EDT 699 (1, 2, or 3 credits)

IMPORTANT: Advisor must indicate which course this replaces on your approved planned program: _____

Description of work to be completed (ex: final analysis, research, readings, etc.):

Please include meeting dates and work completion timelines, if available: _____

Signatures: Student _____ Date _____

Instructor _____ Date _____

Department Chair _____ Date _____

C.O.E. Use Only: Permit Issued By _____ Date _____