

WRT 399 Independent Study Contract

Student Information

Student Name

Student G Number

Email

Local Address

Phone

Class Standing

Major

Course Information

Semester	Fall	Winter	Spring/Summer
----------	------	--------	---------------

Year

Credit Hour(s)

WRT Faculty Sponsor

Number, Length, and Frequency of Meetings

Purpose and Scope of Course

Required Reading

Optional Reading

Course Requirement (Papers, Projects, etc.)

Signatures

Note: Once all signatures are collected, the student will be issued a CRN code to register for WRT 399 in Banner.

Student

Date

Faculty Sponsor

Date

Department Chair

Date