

# UNIVERSITY OF DALLAS

*Satish & Yasmin Gupta College of Business*

FORM

130

INDEPENDENT  
STUDY  
CONTRACT

1845 E. Northgate Drive  
Irving, TX 75062  
Phone: 972-721-5258

## STUDENT AND COURSE INFORMATION:

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Student ID Number : \_\_\_\_\_ Concentration: \_\_\_\_\_

Independent Study Contract Effective Term:  Fall  Spring  Summer Year: \_\_\_\_\_

Independent Study Course Number: \_\_\_\_\_ CRN: \_\_\_\_\_  
(Prefix-Course Number-Section – Example: BUAD 6300 1IX)

Independent Study Title: \_\_\_\_\_

Supervising Instructor: \_\_\_\_\_

This Independent Study will substitute for:

Course Number: \_\_\_\_\_ CRN: \_\_\_\_\_

Reason for Change Request: \_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY THE PROFESSOR AND STUDENT:

The following work is required to complete the class:

1. A proposal (syllabus) for the Independent Study is required. (MUST attach a copy for approval).
2. Completion of the examination, if applicable.
3. Other, as specified by Professor:  
Description: \_\_\_\_\_

## SIGNATURES AND APPROVALS:

I agree to abide by this contract. I understand that failure to comply with all conditions will result in no grade awarded and loss of tuition.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed form to Veronica Pena, Administrative Assistant to the Dean of Faculty Affairs.  
Veronica Pena's Contact Information:  
Email: [vpena@udallas.edu](mailto:vpena@udallas.edu) Phone: 972-721-5258 Fax: 972-721-4007

## All Independent Study Contracts must be approved by the Office of the Dean.

Dean's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## DEAN'S OFFICE USE ONLY:

Original Contract Cancelled: \_\_\_\_\_ Cancellation to HR/Payroll: \_\_\_\_\_

Form to Professor: \_\_\_\_\_ Form Received Back: \_\_\_\_\_ EAF created and sent for processing: \_\_\_\_\_

## REGISTRAR'S OFFICE USE ONLY:

Date updated in Banner: \_\_\_\_\_ Initials: \_\_\_\_\_