

University of Dallas Office of the Registrar

FORM 130	INDEPENDENT STUDY CONTRACT
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1845 E Northgate Drive
Irving, Texas 75062
Phone: 972-721-5221
Fax: 972-721-5132
Email: registrar@udallas.edu

Name: _____
(Last)
(First)
(Middle)

Student ID: Concentration: _____

Independent Study Contract Effective Term: Spring Summer Fall Year _____

Expected Term of Graduation: Spring Summer Fall Year _____

Supervising Instructor: _____

Independent Study Title: _____

Course Number: --
(PREFIX)
(COURSE NUMBER)
(SECTION)
(CRN)

This Independent Study will substitute for: --
(PREFIX)
(COURSE NUMBER)
(SECTION)
(CRN)

Reason For Independent Study Request: _____

THIS SECTION IS TO BE COMPLETED BY THE PROFESSOR AND STUDENT

The following work is required to complete the class:

1. A proposal for the Independent Study is required. (must be attached for approval)
2. Completion of the examination, if applicable.
3. Other, as specified by Instructor:

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: ____/____/____

All Independent Studies must be approved by the Office of the Dean.

Dean's Approval: _____ Date: ____/____/____