

University of Michigan - Flint

CONTRACT FOR INDEPENDENT STUDY FOR (course number):

Name of Student:

Supervising Faculty Member:

Semester:

Year:

Number of Credit Hours desired:

STATEMENT OF GOALS AND PURPOSE OF INDEPENDENT STUDY:

METHOD (How will above goals be accomplished? If appropriate, include a list of planned readings.)

CONFERENCES PLANNED (Number, duration, date/hour)

EVALUATION PROCEDURE

(Student's signature)

(Supervising faculty member's signature)

student email address:

NOTE: One copy to Department, one copy to supervising faculty member, one copy to student.

COPY SHOULD BE SUBMITTED TO DEPARTMENT NO LATER THAN THE END OF THE SECOND WEEK OF CLASSES. This contract is not so final that modifications cannot be made during early conferences (i.e., before the end of the add period for courses.) No major change will be made after the student's plan has been accepted.