

BSPH Independent Study Contract

Last Name: _____ First Name: _____ U- _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Course: _____

Department: _____ Prefix _____ Number _____ Section _____

Term: _____ Year: _____ Instructor: _____

Course Title: _____

I agree to adhere to mandatory correspondence with Independent Study instructor on a bi-weekly basis or as often needed as stipulated by instructor.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Director/Associate Dean Signature: _____ Date: _____

