

CONTRACT for ARTS 596: INDEPENDENT STUDY IN STUDIO ART

APPLICANT INFORMATION

Student Applicant's Name:				Date of Application:			
PID:			Credit Hours (2-6):				
Semester Requested:	FALL	SPRING	SUMMER I	SUMMER II			
Class:	FIRST YEAR	SOPHOMORE	JUNIOR	SENIOR			
Major:							
Current GPA:		MAJOR			OVERALL		
Email:			Phone #:				

INFORMATION ABOUT INSTRUCTOR OF RECORD

Name:	Email:
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DESCRIPTION

Please provide a brief description of the work to be undertaken: (50-100 words)

REQUIREMENTS (See the Departmental Syllabus for further explanation of requirements.)

Proposal and work plan	
Submitted	Date:
Approved by faculty member	Date:
Plan for meetings 750 minutes required (avg 46 minutes/week for 16 weeks including finals week) Frequency Minimum bi-weekly contact. Check all that apply	
<input type="checkbox"/>	Face-to face meetings (Bi-weekly, monthly) Schedule of dates:
<input type="checkbox"/>	Group critiques Schedule of dates
<input type="checkbox"/>	Electronic communication (Email and/or blog) Describe:
Assessment (check all that apply)	
<input type="checkbox"/>	Will follow criteria set forth in the Studio Art Grading Criteria document
<input type="checkbox"/>	Will include the following specific details: (enter here or attach an additional sheet)
Are there additional criteria governing this independent study? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, attach amending documents which become an official dimension of this contract	

INSTRUCTOR OF RECORD AND STUDENT RESPONSIBILITIES:

I have approved the student's proposal and to the conditions specified in this contract. I agree to take on the responsibility of supervising this independent study accordingly.

Instructor _____ Date _____

I understand my responsibilities as outlined in the syllabus and this contract and commit to abide by this agreement.

Student _____ Date _____

DIRECTOR OF UNDERGRADUATE STUDIES (or appropriate administrative official*):

This application for Independent Study has been reviewed. The proposal is

- APPROVED AS IS
- REQUIRES MORE INFORMATION (provide details and return to instructor and student)
- NOT APPROVED (rationale attached)

Director of Undergraduate Studies for Studio Art

Date

* If the DUS is the student's Independent Study instructor, this form should be signed by the Department Chair

Notes: Departments should keep these contracts on file for two years.