

**John Carroll University  
College of Arts and Sciences  
Independent Study Contract**

Department: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

To be completed by the student with the advice of the professor who will supervise the work. Complete four copies to be distributed as follows: (1) to the student, (2) to the supervisor, (3) to the department chairperson, (4) to the student's file in the Assistant Deans Office (original copy).

Course No. \_\_\_\_\_  
(Title of Independent Study Project)

Statement of project:

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Requirements of project:

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Method of evaluation of study/project:

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Remarks:

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

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_