

**HONORS INDEPENDENT STUDY (HP 398)**  
**CONTRACT**

Complete this contract and submit it with the description of your Honors Independent Study. Please type or print clearly.

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Name of faculty advisor

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Local mailing address

\_\_\_\_\_  
Local phone

Semester registering for: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year: 20\_\_\_

Number of Credits \_\_\_\_\_

**1. Title of Independent Study:** \_\_\_\_\_

\_\_\_\_\_

**2. Brief Statement of Study:** \_\_\_\_\_

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**3. Requirements and Method of Evaluation:** \_\_\_\_\_

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**4. Timetable/Deadlines:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Student                      Date

\_\_\_\_\_  
Signature of Advisor                      Date

\_\_\_\_\_  
Signature of Director                      Date