

History 599: Independent Study

Contract

Student: _____ Student ID: _____

Instructor: _____ Semester: _____

Advisor: _____ Year: _____

Topic: _____

Plan of Work for the Independent Study: _____

Method of Evaluation for the Independent Study: _____

This form must be approved prior to enrollment.

Student Signature Date

Instructor Signature Date

Advisor Signature Date

DGP Signature Date