

1845E. Northgate Drive
Irving, TX 75062
Phone: 972 721 5258

STUDENT AND COURSE INFORMATION:

Student Name: _____
(Last) (First) (Middle)

Student ID Number: _____ Concentration: _____

Independent Study Contract Effective Term: Fall Spring Summer Year: _____

Independent Study Course Number: _____ CRN: _____
(Prefix Course Number Section - Example: BUAD 63001X)

Independent Study Title: _____

Supervising _____

THIS SECTION TO BE COMPLETED BY THE PROFESSOR AND STUDENT:

The following work is required to complete the class:

1. A proposal (syllabus) for the Independent Study is required. (MUST attach a copy for approval).
2. Completion of the examination, if applicable.
3. Other, as specified by Professor:

Description: _____

SIGNATURES AND APPROVALS:

I agree to abide by this contract. I understand that failure to comply with all conditions will result in no grade awarded and loss of tuition.

Student Signature: _____ Date: _____

Supervising Faculty Signature: _____ Date: _____

Return this completed form to Veronica Pena, Administrative Assistant to the Dean of Faculty Affairs.

Veronica Pena's Contact Information:

Email: vpena@udallas.edu Phone: 972 721 5258 Fax: 972 721 4007

All Independent Study Contracts must be approved by the Office of the Dean.

Dean's Approval: _____