

Check if Registered

Rochester Institute of Technology

College of Science

Independent Study/Research Contract

(NOTE: Forms are due in the Dean's Office (08-1130) the first week of the quarter)

Student's Name: _____ ID #: _____ Program: _____

Department: _____ Faculty Sponsor: _____

Course #: _____ Title of Proposal: _____

Credit Hrs: _____ Fall _____ Winter _____ Spring _____ Summer _____

Objectives:

Description of Proposal:

Methods of Evaluation:

Signature of Student: _____

Approval/Faculty Sponsor: _____

Approval/Student's Dept. Head: _____

Copy to: Registrar's Office