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| **National Technical Institute for the Deaf** |
| **Independent Study Contract** |
| **Date:**  Date |
| **Student Name:** Student Name | **Student UID Number**:UID |
| **Faculty Sponsor:** Faculty Sponsor | **Advisor/Counselor:** Advisor/Counselor |
| **Semester and Year:** Semester and Year **(e.g., Fall 2023)** | **Number of Credits:** # |
| **Course:** Course **(e.g., NLST-199, MSSE-799)** |  |
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| **Title of Independent Study Experience:** Title of Proposal |
| **Description of Independent Study Experience:**Description |
| **Objectives:** |
| **Activities (including method(s) by which student and instructor will interact during the term and how regularly these interactions will occur):** |
| Activities |
| **Method of Evaluation:** |
| Method of Evaluation |
| **Signatures:** |
| **Student\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Faculty Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\*(student initials) I permit the NTID Scheduling Officer to enroll me in this course if doing so means that I will be enrolled in more than 18 credits and subject to RIT’s additional credit hour fee. If I do not place my initials on this line, I will only be enrolled in this course if my schedule will have 18 credits or fewer.*****Note: The NTID Scheduling Officer is responsible for enrolling the student and for distributing a copy of this form to the student, faculty sponsor, advisor/counselor, and RIT Registrar. This document will be placed in OnBase and becomes part of the student’s permanent record.*** |
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