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| **National Technical Institute for the Deaf** | |
| **Independent Study Contract** | |
| **Date:**  Click here for Date | |
| **Student Name:** Student Name | **University ID**:UID |
| **Faculty Sponsor:** Faculty Sponsor | **Career Counselor:** Career Counselor |
| **Academic Year Offered:** AY 20xx-xx | **Semester: Fall**  **Spring**  **Summer** |
| **Program Code:** Program Code | **Course Delivery Mode:** Select |
| **Course Number:** Course Number | **Credits:** # |
| **Title of Proposal:** Title of Proposal | |
| **Description of Proposal:**  Description | |
| **Objectives:** | |
| Objectives | |
| **Activities:** | |
| Activities | |
| **Method of Evaluation:** | |
| Method of Evaluation | |
| **Signatures:** | |
| **Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Faculty Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Copy to Student Records , Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **ADD/DROP FORM MUST BE ATTACHED TO THIS CONTRACT BEFORE A STUDENT WILL BE ENROLLED.** | |
| ***Note: The Department Chair is responsible for enrolling the student and for distributing a copy of this form to the student, faculty sponsor, and student records.*** | |