

Northern Illinois University
Department of Educational Technology, Research and Assessment

INDEPENDENT STUDY & INDIVIDUALIZED PROJECT CONTRACT FORM

Year/Sem: _____

Student's Name: _____ Student EMPLID: _____

Student's Email: _____ Phone: _____

Student's Classification: Graduate: _____ SAL: _____ Undergraduate: _____

Student's Major College/Degree: _____

Instructor Name: _____

Course Number: _____ Section: _____ Course Credit Hours: _____

Course Title: _____

Date work must be completed by: _____

1. Overview of the independent study or individualized project:

2. Statement of course requirement (e.g., reading assignments, research on project activities, meeting and consultations, etc.):

3. Expectations of student performance (e.g., papers, quizzes, exams, presentations, etc.):

4. Faculty member's statement on grading procedure:

Student's Signature

Date

Faculty Member's Signature

Date

Department Chair's Signature

Date