



Independent Study Agreement Form

Instructions: Please read and sign and date at bottom, signifying agreement and understanding. Any questions, contact your faculty supervisor.

Student Data:

Name: I.D.#:.....

Phone: Email:

Major: CGPA: Expected Graduation Date:

Study Data:

Supervisor Name: Signature:.....

Supervisor Phone: Supervisor Email:

Project Title:

.....

Understandings/Release of Information

Professional Conduct

- I must maintain at least a 2.0 CGPA to participate in the program.
- I must adhere to all rules, policies, assignments, and procedures as set forth in the internship guidelines.
- I have to register for the internship course following an advising appointment with the faculty supervisor.
- I must act in a professional manner and adhere to university ethics and code of honor at all times.
- I must notify my faculty supervisor immediately if my internship changes after my assignment begins.

I verify that I have read and understood the entire contents of this agreement. I agree to accept and follow all stated policies and procedures.

Student Name:

Department Chair:.....

Signature:.....

Signature:.....

Date:.....

Date:.....