

Independent Study Agreement

Student Name:

Student ID:

Course Title:

Course Number:

Term/Semester:

Faculty Advisor:

Credits:

Project Description

Learning Objectives

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Timeline & Deadlines

Milestone / Task	Due Date
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Evaluation Criteria

Meeting Schedule

Additional Notes

Student Signature:

Date:

Faculty Advisor Signature:

Date:
