

INDEPENDENT RESEARCH CONTRACT

Department of Kinesiology and Health
Science

This special credit contract verifies that the undersigned have entered into an agreement regarding the assignment of credit to a non-course learning opportunity.

Name _____ Phone Number _____
Address _____ E-mail Address _____
Semester _____ Year _____ Course Number _____ Credit Hours _____

Nature of the assignment (Use attachment if needed)

1. Objectives

2. Activities

3. Evaluation:

As the Student taking this independent research, I recognize and concur that the assignment will be completed by myself with the assistance and to satisfaction of the faculty supervisor, whose signature appears below, no later than _____.

Student Signature _____ Date _____
Faculty Supervisor _____ Date _____
Other/Sponsor (optional) _____ Date _____

Completion of Contract Verification

Outstanding Work _____ *Acceptable Work* _____ *Unsatisfactory Work* _____
Date Completed _____ *Grade* _____
Faculty Supervisor _____ *Signature* _____
Comments _____

USU Policy states that one credit hour is 45-50 hours of work over a full (15 week) semester.

Copies: student, instructor, department office