

# INDEPENDENT STUDY CONTRACT

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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)

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1. Objectives

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2. Activities

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3. Evaluation:

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As the Student taking this independent study, 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

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*Outstanding Work* \_\_\_\_\_ *Acceptable Work* \_\_\_\_\_ *Unsatisfactory Work* \_\_\_\_\_

*Date Completed* \_\_\_\_\_ *Grade* \_\_\_\_\_

*Faculty Supervisor* \_\_\_\_\_ *Signature* \_\_\_\_\_

*Comments* \_\_\_\_\_

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

Copies: student, instructor, department office