



Two College Circle | PO Box 411, Bangor, ME 04402-0411

INDEPENDENT STUDY CONTRACT

(Please print.)

Date _____ Semester _____

Full Name _____

Address _____

Phone #s _____

Course Number _____ *(Course number is area prefix plus 1790-1793, i.e., OT1790 or CH1791.)*

Course Title _____

of Credits _____ **Campus** _____

Proposal for Study

Meeting Schedule *(Include dates, times and location of meetings.)*

Please complete both sides.

Work to be completed

Description

Date Due

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Basis of evaluation

Student's Signature _____

Faculty's Signature _____

Original to Registrar

*Cc: Student
Faculty member
Student's advisor*