

**John Carroll University
College of Arts and Sciences
Independent Study Contract**

Department: _____ Semester/Year: _____

To be completed by the student with the advice of the professor who will supervise the work. Complete four copies to be distributed as follows: (1) to the student, (2) to the supervisor, (3) to the department chairperson, (4) to the student's file in the Assistant Deans Office (original copy).

Course No. _____
(Title of Independent Study Project)

Statement of project:

Requirements of project:

Method of evaluation of study/project:

Remarks:

Student: _____ Date: _____

Supervisor: _____ Date: _____

Chairperson: _____ Date: _____

Dean: _____ Date: _____