



Independent/Directed Study Contract Form

It is the student's responsibility to obtain all applicable signatures and turn the form into their Academic Dean's Office. Once the Academic Dean has reviewed this form, it will be forwarded to the Registrar's Office. The Academic Dean's office will notify the student in writing of determination.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Reference #: \_\_\_\_\_ Campus: Biddeford Portland

Course Subject (ex. BIO): \_\_\_\_\_ Course Number (ex. 410): \_\_\_\_\_

Course Title (27 character max, including spaces): \_\_\_\_\_ Department: \_\_\_\_\_

Credits: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Additional Fee Amount, if applicable \_\_\_\_\_

Semester: [ ] Fall [ ] Spring [ ] Summer Year: \_\_\_\_\_

Faculty Sponsor's Printed Name: \_\_\_\_\_

Attach documentation addressing the following items:

- >Course Description, Goals, and Objectives
>Learning Plan including reading list, activities, and time lines
>Method of Evaluation

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Approved [ ] Denied [ ] No Judgment

Academic Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Approved [ ] Denied

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_