Texas A&M University - Texarkana
STUDENT CONTRACT FOR
INDEPENDENT STUDY
NOTE: (Must be completed and signed prior to registration)

Student's Name: ____________________________________________

Campus Wide ID: ____________________________________________

Semester: __________________________ Year ___________

Course Prefix: ___________ Course Number a Section: ___________

Course Title: ______________________________________________

Course Hours: ___________ Today's Date: ___________

Anticipated Completion Date: ___________

1. Please indicate below the number of independent study courses this student has completed:

   Number of undergraduate independent study courses completed: ___________

   Number of graduate independent study courses completed: ___________

   I verify that the student has not exceeded the number of independent study courses that may be applied to the degree they are seeking.

2. Please outline the reason(s) this student is unable to enroll for this course when it is being taught as an organized class.

   ____________________________________________________________

3. Is student attending a graduate class for undergraduate credit under a 489 prefix?
   Yes: ☐ Student will attend (list course prefix, number and section) __________________________

   If "Yes", no additional information is needed. Please obtain the proper signatures.

   No: ☐ If "No", please complete the following questions:

4. Outline the learning objectives you expect the student to meet. (State in terms of desired outcomes.)

   ____________________________________________________________

5. Describe how the student will be evaluated at the end of the course.

   ____________________________________________________________

6. Accepted academic standards require a minimum of 135 clock hours of student effort to complete a three-semester-credit-hour course satisfactorily. Outline your work plan with the appropriate number of clock hours you expect the student to devote to each phase.

   ____________________________________________________________
State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.