Individual Study Contract Form

Art 499 Individual Study

Student Information

Name: 
Tech ID: 
e-mail address: 
Phone: 
Semester/year of Art 499 course: 
No. of credits: 
Instructor: 
Degree Program (BFA/BA/BS): 
Major 
Concentration: 

This Individual Study is a substitute for: ________________________________

Course or Project Description: list topics to be studied and/or nature of projects (style, medium(s), sizes, as applicable). Include schedule for meeting times and dates. Use the reverse side or an additional page if necessary.

Complete and return this form within ten days of the start of the semester.

Student Signature ___________________________ Date

Instructor Signature ___________________________ Date

Department Chair ___________________________ Date