

M.S.W. Program  
**CONTRACT FOR INDEPENDENT STUDY**

On \_\_\_\_\_ (date), \_\_\_\_\_ (student), contracted to complete  
**SW 6900** Independent Study with \_\_\_\_\_ (faculty member) during the  
following \_\_\_\_\_ (semester and year) for \_\_\_\_\_ credit hours.

I. Title or Descriptive Statement of the Independent Study \_\_\_\_\_

\_\_\_\_\_

II. Purpose of the Independent Study \_\_\_\_\_

\_\_\_\_\_

III. State program and/or student objectives and experiences \_\_\_\_\_

\_\_\_\_\_

IV. Method used to evaluate the objectives and experiences \_\_\_\_\_

\_\_\_\_\_

V. Proposed Course of Study: (Minimum of 3 hours study and/or discussion weekly with faculty member  
per credit hour.)

\_\_\_\_\_

\_\_\_\_\_

Independent Study can be taken for 1-3 credit hours. **Required hours for an Independent Study is 45 clock  
hours per credit hour.** The completed Contract should be submitted to Room 317 *before* registering.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
M.S.W. Director Approval

\_\_\_\_\_  
Date