COLLEGE OF BUSINESS & ECONOMICS INDEPENDENT STUDY COURSE CONTRACT

Student Information

Name:	Major:
Address:	GPA:
Phone:	SID#:
Academic Discipline	
☐ Accounting ☐ Economics ☐ Entrepreneurship ☐ Finance ☐ General Business ☐ Hospitality and Tourism ☐ Human Resource Management ☐ International Business ☐ Management ☐ Management Information Systems ☐ Supply Chain	
Term Requested: Fall Spring Su	nmmer Year:
Credit Hours: One Credit	Two Credits
Is this Independent Study being substituted for a requ	ired course?
If YES, what required course?	
Faculty Sponsor's Signature:	
Academic Chairperson's Signature:	Date:
Terms of the Contract	
I, the student, agree to submit a copy of this contract to: 1) my faculty sponsor, 2) the academic chairperson of the department, and 3) the Office of Undergraduate Advising. I understand that I may not register for the course until the process has been completed.	
Student's Signature:	Date: