THE MOMENT OF DISCOVERY
EUREKA COLLEGE

INDEPENDENT STUDY AGREEMENT

NAME: _____
LAST FIRST MIDDLE

SONISID: _____ DAYTIME PHONE #: _____

SEMESTER OF STUDY: ☐ Fall ☐ Spring ☐ Summer YEAR: _____

COURSE ID: _____ 400 SEMESTER HOURS: _____

COURSE TITLE: _____

I. Purpose/Rationale for this Study:

_____
_____
_____
_____
_____

II. Description/Method of the Study:

_____
_____
_____
_____
_____

III. Describe the report or presentation required for this Study (if applicable):

_____
_____
_____
_____
_____

IV. Normally the student should complete at least 12 hours of work in any area before approval of an Independent Study. What are your qualifications for doing this Study?

_____
_____
_____
_____
_____

(OVER)

V. What are the assessment tools that will be used to evaluate this Study? Please include explicit criteria to be used for determining the grade &/or successful completion of this Study.
Please include the GRADING SCALE.

_____

_____

_____

_____

_____

VI. Textbook/Materials/Software to be used for this Study:

_____

_____

_____

VII. Do you propose that this Study be designated a Writing Course? ☐ Yes ☐ No

If yes, please give justification for how this course will meet the criteria set forth in the Eureka College Catalog for writing courses.

_____

_____

_____

VIII. Will this Study be substituted for a specific requirement? ☐ Yes ☐ No

If yes, please give the justification for how this Study will meet the objectives of the course for which it will be substituted. (NOTE: Independent Study courses cannot be substituted for General Education requirements.)

_____

_____

_____

Substitutions for requirements in the major also require the signature of a second Professor in the subject area.

_____
Departmental Colleague

If the student is in the Teacher Education Program, the signature of the Director of Teacher Education is necessary.

_____
Director of Teacher Education

REQUIRED SIGNATURES:

Student: _____ Date: _____

Advisor: _____ Date: _____

Instructor: _____ Date: _____

Division Chair: _____ Date: _____

Provost: _____ Date: _____

Records Office: _____ Date: _____