



DEPARTMENT OF PHILOSOPHY

HONORS THESIS & INDEPENDENT STUDY LEARNING CONTRACT

Last Updated 9.22.23

Course #:

Please see our website for further [Honors Thesis](#) and [Independent Study](#) information.

Credit Hours: 3

Section to be completed by STUDENT

APPLICANT INFORMATION:

Date: _____

Student Name: _____

PID: _____

E-mail: _____

Major: _____

Class: SENIOR ☐ JUNIOR ☐ SOPHOMORE ☐ FIRST YEAR ☐

Semester: FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II ☐

Year: _____

Current GPA: CUMULATIVE _____ MAJOR _____

Prerequisite(s) Fulfilled:

COURSE# _____ SEMESTER/YEAR _____ GRADE _____

COURSE# _____ SEMESTER/YEAR _____ GRADE _____

Section to be completed by STUDENT & INSTRUCTOR

INFORMATION ABOUT INSTRUCTOR OF RECORD:

Instructor Name: _____ Instructor Section# (if known): _____

E-mail: _____

CHECK ONE:

- ☐ For this course the faculty member has no more than two students per semester or summer session.
- ☐ For this course the faculty member has more than two students per semester or summer session. The reason for this exception is: _____

COURSE REQUIREMENTS.

This is considered a contract between the instructor (advisor/sponsor) and the student. Deviations from this contract should be updated and documented to the extent possible by the instructor and student. Students are expected to devote at least three hours of independent work per week for each unit of credit (e.g., 9 hours per week if 3 credit hours).

a) Meeting requirements with the instructor (e.g., individual meetings, labs, etc.). Include day/time of weekly/bi-weekly meetings.

b) Reading assignments (and due dates, if relevant):

c) Written assignments (page requirements/limits and due dates, if relevant):

d) Other assignments (please describe):

e) Assessment (e.g., % of course grade based on each requirement) including final examination (or alternate format):

Please insert your digital signature or print, sign, and scan this form. Alternatively, you may type your legal name in the space provided and accept the **Signature Certification*** below.

STUDENT, INSTRUCTOR, & ADMINISTRATIVE signatures

INSTRUCTOR OF RECORD AND STUDENT RESPONSIBILITIES:

I have read the requirements expected of the instructor, agree to undertake these responsibilities, and will abide by the Honor Code's responsibilities of faculty.

Instructor Signature: _____ Date: _____

I have read the requirements expected of the student, agree to undertake these responsibilities, and will abide by the Honor Code's responsibilities of students.

Student Signature: _____ Date: _____

***INDEPENDENT STUDY COORDINATOR:**

This application for Independent Study has been reviewed. The proposal is:

☐ APPROVED AS IS

☐ REQUIRES MORE INFORMATION (provide details and return to instructor and student):

☐ NOT APPROVED (provide rationale): _____

Dept. Independent Study Coordinator: _____ Date: _____

*If the Independent Study Coordinator is not the Department/Curriculum Chair, the Director of Undergraduate Studies (DUS), or another Faculty Designee of the Chair, then the Chair or the DUS must also approve this contract.

****CHAIR OR DIRECTOR OF UNDERGRADUATE STUDIES (whichever is applicable):**

This application for Independent Study has been reviewed. The proposal is:

☐ APPROVED AS IS

☐ REQUIRES MORE INFORMATION (provide details and return to instructor and student):

☐ NOT APPROVED (provide rationale): _____

Chair/DUS/Faculty Designee/SAD: _____ Date: _____

**If the Chair is the student's independent study instructor, this form must be signed by the Chair's Senior Associate Dean (SAD).

***Signature Certification**

By checking the box next to my typed legal name, I certify that the information provided by me in this document is complete and accurate.