

INDEPENDENT STUDY AGREEMENT: CLINIC

With the consent and approval of the undersigned professor, for the _____ semester, I will continue work begun previously as a student in the _____ clinic/practicum during the _____ semester as an independent study. I plan to complete an independent study of 1.0 or 2.0 credit hours (please circle the appropriate number). During my independent study I plan to complete the following projects: (specify)

I understand that I must work a minimum of at least 50 hours for every credit hour I seek to earn. I agree to register for the appropriate number of graded credit hours (Clinic Independent Study is not an S/U course). Finally, I understand that I must register for this course as I would any other and upon registration must specify the number of credit hours I intend to take. Upon completion, return this form to our Registrar, Dave Bluemel.

Date: _____

Student Signature

Student Name (print)

Certified: _____
Professor Signature

Professor Name (print)

Approved: _____

Associate Dean