INDEPENDENT STUDY CONTRACT
University of Colorado Department of Linguistics

Student Name __________________________________    Student Number ________________
Address ______________________________________________________________________
Telephone Number ___________        E-mail Address _____________________________
Major __________________________    Undergraduate ______    Graduate _________
Course Number ___________        Credit Hours ______    Term _____ Year ______

Beginning and Ending Dates (Indicate when the project will begin and the date the last assignment is due.)
______________________________________________________________________________

Location if other than Boulder ________________________________

Name, address and phone of other persons involved in the independent study project: _________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Sponsor’s Name _____________________________    Rank _________________________
(Instructor)

Coordinator’s Name __________________________    Record Keeper ____________________
(Chair) (Graduate Secretary)

Proposed Project: Describe the nature and procedures of the project, including the amount of contact time with the instructor:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Books and Resources: List books or other written materials which will be used in the project, and also any individuals other than the sponsor with whom you will work:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Expected Outcome: Indicate the requirements necessary for the completion of the project, such as a paper (probable length), oral presentations, examination(s), etc.:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signatures:

Student ____________________________________________________

Instructor (Sponsor) __________________________________________

Chair (Coordinator) __________________________________________

Graduate Secretary _________________________________________
(Record Keeper)

Date: