Independent Study and Graduate Practicum Contract

Department of Theatre and Dance

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THTR \_\_\_\_ DNCE \_\_\_\_ Course # \_\_\_\_\_\_\_\_\_\_\_\_ Section # \_\_\_\_\_\_\_\_\_\_\_

Credit hours \_\_\_\_\_\_\_ Semester and year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am eligible for Independent Study/Practicum: student initial \_\_\_\_\_\_\_

Note: there is a maximum of 8 credit hours for undergraduates and 15 credit hours for graduates given for these courses.

Topic or title:

Location (where the work will be done):

Expected goal(s) of the project:

Method of presentation of work for evaluation (paper, verbal presentation, video, etc) and documentation that will be provided:

Date for first meeting:

Meeting pattern during the semester (student and faculty member):

Completion date for entire project:

Criteria for evaluation and grading:

By signing this form, I agree to the above statements and acknowledge that I have read and understand the Information Sheet for Independent Study and Practicums in the Department of Theatre and Dance.

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Student signature date Faculty printed name

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Faculty signature date Chair or Associate Chair date

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Admin signature date