**Student Name:** Last Name**,** First Name

**Honors College Independent Study Contract**

1. **Basic Information**

**Course Number:** UH 400 – Honors College Independent Study

**Project Director Information**

 **Name:** Click here to enter text. **Preferred Title:** Choose an item.

 **Preferred Email:** Click here to enter text.

 **Campus Office Location:** Click here to enter text.

 **Campus Box #:** Click here to enter text.

 **Campus Phone:** 348-Click here to enter text.

 **Preferred weekly meeting date/time :** Click here to enter text.

 **Department:** Click here to enter text.

 **Department Head:** Click here to enter text.

 **Department Head Email:** Click here to enter text.

**Student Information:**

 **CWID:** CWID **Anticipated Graduation Month and Year:** Mo. YYYY

 **Major:** Click here to enter text.

 **College:** Click here to enter text.

 **Preferred Phone:** Click here to enter text.

 **Preferred Email:** Click here to enter text.

1. **Project Overview**

**Detailed Project Description:** Click here to enter text.

**Student Learning Objectives:** Click here to enter text.

**Required Resources**

 **Software (operating systems, languages, & applications):** Click here to enter text.

 **Reference Materials:** Click here to enter text.

 **Other:** Click here to enter text.

 **Source of required resources:** Click here to enter text.

**Major Deliverable(s):** Click here to enter text.

**Approval: The signatures below indicate that these individuals have read this contract and approve it as an appropriate academic experience.**

**Student Date**

**Faculty Member/Project Director Date**

**(Responsible for grade report)**

 **Project Plan & Assessment**

 **Honors College Independent Study Contract**

**Students must provide a projected timeline as well as the anticipated number of total hours required to complete the project. The faculty member or project director must provide an explanation of how the project will be assessed and deadlines associated with the assessment(s).**

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| --- | --- | --- | --- | --- | --- |
| **Activity** | **Start** | **Est. Duration** | **Deadline** | **Resources** | **Deliverable** |
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**Assessment Methods**

**The faculty supervisor should provide an explanation of how the project will be assessed and deadlines associated with the assessment(s). Please feel free to attach additional information and/or a grading rubric for the project.**

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| --- | --- |
| **Assessment Method(s)** | **Assessment Deadline(s)** |
|  |  |

**Approval: The signatures below indicate that these individuals have read this contract and approve it as an appropriate academic experience.**

**Student Date**

**Faculty Member/Project Director Date**

**(Responsible for grade report)**