

Graduate Independent Study Contract

Student Name: _____ SID (not SSN): _____

Course (prefix, course no.): _____ Semester (Year/Term): _____

Faculty Mentor: _____ Credit Hours: _____

Research Project Title: _____

Learning goals:

General description of methods to be employed:

Anticipated project or research results:

Product student is to provide, including due date:

Grading expectations:

Arrangements for student-faculty member interactions:

Must be completed and submitted no later than the last day to add a class in any term. Please sign below by entering your name, e-mail address, and phone number.

Student: _____

(full name, e-mail address, phone number)

Faculty Mentor: _____

(full name, e-mail address, phone number)

Distribution of electronic copies via e-mail: i) student, ii) faculty mentor, iii) DUS for the student's program, and iv) Center for Student Success, CAFEadvising@uky.edu