

College of Business Design Programs
Oregon State University
228 Milam Hall Phone 541-737-3796

CONTRACT FOR INDEPENDENT STUDY

Course Number:	CRN:	Credit Hours:	Term:	Year:
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Topic of Course:

Last Name:	First Name:	Student ID:
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Local Street Address:

City:	State:	Zip Code:
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Local Phone (include area code)	E-mail Address:
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1. Reasons for pursuing topic as independent study:
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2. Objectives of independent study:
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3. Procedures to be followed in completing study:
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4. Project timetable:

5. Grading Criteria:

Signatures		Date:
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Student:		
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Faculty Supervisor:		
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Faculty Supervisor Printed:		
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Associate Dean for COB:		
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