

ID # _____

**MONMOUTH COLLEGE
INDEPENDENT STUDY AGREEMENT**

This agreement serves as a course syllabus for the independent study program. Thus, this document must include all of the expectations and requirements of both the student and the professor of this course. Please address each of the following questions on separate paper and submit it to the registrar. The agreement must be submitted and approved by the last add date of the semester in which the course will be taken or prior to the last day of class for the spring semester if the course will be taken in the summer. Both the student and the advisor should retain a copy of this agreement before submitting it to the registrar.

Note: Independent study courses must contain a strong academic component that cannot otherwise be acquired by Monmouth College course offerings during the remainder of the student's time on campus. Furthermore, independent study courses are not intended to replace courses the student previously dropped or courses in which they received a failing grade or an incomplete.

_____ and _____
Student Name Instructor Name

Agree to fulfill the requirements for the independent study course numbered and entitled:

_____ Course Number and Title

1. Please provide the **RATIONALE** for this independent study that clearly connects this course to the goals of the student's major.
2. Please provide a list of **GOALS FOR THIS COURSE**, specifically, the skills and concepts that will be mastered by the student prior to completion.
3. Please provide a list of the **REQUIREMENTS FOR THE COURSE**, such as specific readings and other assignments, tests, progress journals, etc. as well as intended hours and distribution of contact time with the student. Explicitly state the **EVALUATION METHODS** with which you will assess student progress (e.g., oral reports, papers, exam, etc.).
4. Please provide the **WORKLOAD EXPECTATION**, including the hours per week spent on readings, papers, projects and preparation for exams.

REQUIRED COURSE CREDIT FOR THE STUDENT'S MAJOR: 0.25 ___ 0.5 ___ 0.75 ___ 1.0 ___
SEMESTER: FALL _____ SPRING _____ SUMMER _____
YEAR: _____

We, the undersigned, agree to the terms set forth by the above-mentioned independent study agreement.

Student Signature Date

Instructor Signature Date

Department Chair Signature Date