Contract for ANTH 689A, Section # _____

Semester/year:_____

Name: _____ **Faculty Sponsor:** _____

Student email: _____

Reason for Independent Study: _____

_____

_____

_____

Credit amount: ___ 1 credit ___ 2 credits ___ 3 credits

Nature and frequency of meetings with faculty sponsor: _____

_____

_____

Learning Goals (What do you intend to learn): _____

_____

_____

Strategies (Specify processes to achieve goals): _____

_____

_____

Evaluation Methods (How will the student be evaluated): _____

_____

_____

Products (What products, if any will be produced with this independent study): _____

_____

_____

_____

Signature and print name of Student Date

_____

Signature and print name of Faculty Sponsor Date

_____

Signature and print name of Department Advising Date