

# Undergraduate Independent Study Contract

History Department

Name: \_\_\_\_\_ NSHE ID: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course Number: \_\_\_\_\_ Credits: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

**Topics:**

**Course Requirements:**

**Method of Evaluation:**

**Signatures:**

Student \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_