HISTORY DEPARTMENT
UNDERGRADUATE INDEPENDENT STUDY CONTRACT

Name: _____________________________ NSHE ID: _____________________________ Program: ________

Address: __________________________ City: ____________________________ St/Zip: ____________

Phone: ____________________________ Email: ______________________________

Course #: ________________________ Credits: ______ Semester: ____________ Year: ________

Topic:

Course Requirements:

Method of Evaluation:

Signatures:

Student: __________________________ Date: ____________

Instructor: _________________________ Date: ____________