

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 _____