Northern Illinois University
Department of Educational Technology, Research and Assessment

INDEPENDENT STUDY & INDIVIDUALIZED PROJECT CONTRACT FORM

Year/Sem: _____

Student's Name: _____ Student EMPLID:_____

Student's Email:_____ Phone: _____

Student's Classification: Graduate: ☐ SAL: ☐ Undergraduate: ☐

Student's Major College/Degree: _____

Instructor Name: _____

Course Number: _____ Section: _____ Course Credit Hours: _____

Course Title: _____

Date work must be completed by: _____

Faculty member's statement on grading procedures: Field experience portfolio and field visit assesment.

Student's Signature _____ Date _____

Faculty Member's Signature _____ Date _____

Department Chair's Signature _____ Date _____

Revised 9/2014 Office Use: Program of Courses_____ Registered_____ Tuition Waiver_____