

INDIVIDUAL STUDIES/RESEARCH CONTRACT

The University of Tennessee at Chattanooga
The Records Office, Dept. 5155
615 McCallie Avenue
Chattanooga, TN 37403

**This form may be used for coursework through Summer 2010.
All Fall 2010 coursework must be processed with the revised form.**

This form must be submitted when registering for any individualized course including 495r, 497r, 498r, 597r, 598r, or 797r course. If additional space is needed, please provide attachments.

Student's Name: _____ UTCID: _____

Course Title: _____

Department, Course #, Section: _____ Credit Hours: _____

Faculty Director: _____

Semester: (circle one) Fall Spring Summer Year: _____ Completion Date: _____

Please Describe:

(A) Nature of individualized study: _____

(B) Specific responsibilities and/or learning objectives of student: _____

(C) Criteria which will be used for evaluation and grading of this project: _____

(D) Arrangements and frequency of meetings with faculty director of this specialized course: _____

Student: Please photocopy approved form & distribute copies to:
Records Office (Original form)
Department Head
Student

Student's Signature _____ Date _____

Faculty Director's Signature _____ Date _____

Department Head's Signature _____ Date _____

Director Honors Program or Designee (required for 495 registrations only) _____ Date _____