

INDIVIDUAL STUDIES/RESEARCH CONTRACT

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

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