

Name: _____ Date: _____ UTC ID: _____

Individual Studies/Research Contract

UTC Records Office, 109 Race Hall
615 McCallie Avenue, Dept. 5155
Chattanooga, TN 37403
Ph: (423) 425-4416 Fax: (423) 425-2172

This form must be submitted when registering for any individualized course including 4994r, 4995r, 4997r, 4998r, 5997r, 5998r, or 7997r course. If additional space is needed, please provide attachments.

Course Title: _____

Department, Course #, Section: _____ CRN: _____

Credit Hours: ___ Year: _____ Semester: (circle one) Fall Spring Summer

Completion Date: _____ Faculty Director: _____

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 and 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 4995 registrations only)

Date