

INDEPENDENT RESEARCH CONTRACT

Submit completed and signed form to the A+AH office to obtain permission to enroll in course.

Student Name: E-mail:	Phone:		Panther ID: Date:
Please select appropriate course:			
ARH 4910	ARH 5913	ART 4910C	ART 5910C
Number of credits:			
Semester:			
Fall	Spring	Summer	
Instructor's Name:			
Project Description:			
Tasks to be accomplished:			
Meeting Dates:			
A digital portfolio of the work completed during the research course must be submitted to the Research Instructor and the Department Chairperson by the start of finals week.			
Signature of Studen	t:		Date:
Signature of Instruc	tor:		Date:
Signature of Departi	ment Chair:		Date: