

S.T.A.R.S.
 Students Taking an Active Role in Society
 I N D E P E N D E N T S T U D Y C O N T R A C T
 U N I F I E D E D U C A T I O N A L R E S O U R C E D A T A B A S E

Please Print:

Name: _____ Phone: _____

SS#____-____-____ Classification: ___ Soph. ___ Jr. ___ Sr. ___ Graduate

Graduation Date _____ Major _____ Cum. GPA _____

Credits earned toward degree _____ Credits remaining to complete degree _____

Professor: _____ Phone: _____

<u>College</u>	<u>Dept</u>	<u>Title</u>

<u>Session</u>	<u>Ref#</u>	<u>Prx Crs#</u>	<u>Sec</u>	<u>Credits</u>	<u>Seats</u>	<u>Days</u>	<u>Time</u>	<u>Bldg</u>	<u>Room #</u>

Describe your Project:

Have you taken any independent study courses before? If so,

When: _____ Number of hours: _____ Course: _____

Professor: _____ College/Dept: _____/_____

Note: Hours earned as independent study credit may only be used towards graduation if approved by the Department Chairman.

The student, by signing this contract, agrees to carry out the project described above under the guidance and requirements of the faculty member signing this form.

X _____
 Student Signature _____ Date _____

X _____
 Faculty Signature _____ Date _____

Approved by Department Chairman _____ Yes _____ No _____

X _____
 Department Chairman Signature _____ Date _____

Please place all comments, suggestions, &/or additional interests on the reverse of this form.

If Lost/Found Return this to: STARS 2008 E. PATTERSON ST Tampa Fl 33610