Problems/Independent Study Course Title and Contract

This document must be returned to the SON Student Advising office immediately after course registration by your Problems/Independent Study course instructor.

Please submit completed and signed agreements to your faculty member or Student Advising office.

Student Name: ______________________________ MU Student #: __________________

Graduate Faculty Advisor (if applicable): __________________ Course Faculty: ________________

20___ ______N3350
_____Fall Semester ______N7085
_____Spring Semester ______N8085
_____Summer Session ______N9710

Required permission numbers may be obtained from the MUSSON Student Advising offices.

Grading method: _____S/U _____Reg. A-F Credit Hours needed: _____

Official Course title (30 characters/spaces): ________________________________

Full Course Title: ________________________________________________________

____________________________________________________

(You must discuss the title with your Problems/Independent Study course, with your Instructor.)

Reason(s) for Course/Topic Interest:

_____Degree requirements

_____Full-time student status/Financial Aid (hours required)

_____Access to MU campus resources

_____Other (please specify)__________________________________________________

Signatures are required:

____________________________________   ________________________________
Student:                                        Faculty:

All graduate students please complete sections on second page in conjunction with faculty member.
Course or topic objectives:

Criteria for evaluation:

Please submit completed and signed agreements to your faculty member or Student Advising office (S235).