



Independent Study Contract and Registration Form

Office of the Registrar; Viterbo; 900 Viterbo Drive; La Crosse, WI 54601
Phone: 608-796-3180; www.viterbo.edu registrar@viterbo.edu

This form must be completed and filed with the Office of the Registrar **prior to the end of the first week of classes** for the term of the independent study.

STUDENT NAME _____ ID _____
(please print)

INDEPENDENT STUDY INFORMATION

FALL ___ SPRING ___ SUMMER ___ YEAR _____ NO. OF CREDITS _____

DEPT. _____ GRADUATE (588/788) ___ or UPPER DIVISION (488) ___ or LOWER DIVISION (288) ___

TITLE _____

Is this an independent study of an existing course? ___ IF YES, COURSE _____

DIRECTING FACULTY NAME _____
(please print)

DIRECTING FACULTY SIGNATURE _____ DATE _____

I agree to the terms of this independent study and understand the work must be completed within the term of registration.

STUDENT SIGNATURE _____ DATE _____

SUBSTITUTION: Will this independent study be a substitution for degree requirements? ___Yes ___No

IF YES, WHAT COURSE WILL IT SUBSITUTE FOR? _____

Office of Registrar Use Only: Date entered on degree audit _____ Initials _____

APPROVALS

By signing below, approval is given for the independent study, as well as any substitution listed above:

___ YES ___ NO _____ DATE _____
ADVISER

___ YES ___ NO _____ DATE _____
DEPARTMENT CHAIR

___ YES ___ NO _____ DATE _____
DEAN

Please complete the information on the second page (or reverse side) of this form

OUTLINE

Answer the below, or attach an additional page.

LEARNING OUTCOMES FOR THIS INDEPENDENT STUDY:

FORMAT/LEARNING EXPERIENCE/ACTIVITIES:

SPECIFY HOW THE EQUIVALENT MINIMUM NUMBER OF CONTACT HOURS WILL BE MET (i.e. one credit is equal to 15 hours plus 30 hours of additional homework.)

EVALUATION/COMPETENCY DEMONSTRATION

THIS INDEPENDENT STUDY WILL BE GRADED: LETTER GRADE ____ or CREDIT/NO CREDIT ____

BELOW – OFFICE OF REGISTRAR USE

Class Level _____
In Catalog? _____
Department/I.S. _____

Course # _____
If YES, same # of Credits? _____
Date Entered _____

Section # _____
Staff Initials _____