

Problems Course/Independent Study Contract
TARLETON STATE UNIVERSITY
Department of Educational Leadership and Policy Studies

Date: _____ Student ID: _____ Campus: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Student Classification: _____ Academic Discipline: EDAD

Course Number: _____ Section Number: _____ Reference Number: _____

Semester: _____ Year: _____ Number of hours completed in discipline _____
(Minimum of 6 hours at the Graduate Level)

This course is _____ Replaces required course: _____

Nature of Study (Check all that apply and list course information if applicable):

Research Supervised Readings Interdisciplinary Studies

Given essential details as to the following (attach additional comments if needed).

Audit (plus additional assignments) another course: _____

Special Topic Study: _____

Practicum or Project: _____

Scheduled Meetings: _____

Text To Be Used: _____

Additional Requirements: _____

Transcript Course Title: _____

Description of Course: _____

Testing Procedure(s):

Comprehensive Final Comprehensive Report Other

Examinations/Grading (check all that apply)

Periodic Exams Mid-Term Exam Assignments

Presentations Other: _____

Grading procedures if neither an exam nor report: _____

This contract must be completed and approved PRIOR to permission being granted for enrollment in this course. All the stated objectives, satisfying milestones, and progress reporting as stipulated by the supervising faculty member must be completed. Failure to meet objectives, schedules, or due dates set for this course may result in receiving a failing grade or being dropped from the roll.

_____ Student Signature	_____ Date
_____ Supervising Faculty Member Signature	_____ Date
_____ Department Head Signature	_____ Date
_____ Dean Signature (if no comprehensive final or report)	_____ Date

Return completed form to Department of Educational Leadership and Policy Studies, Box T-0815, Stephenville, Texas 76402 or fax to 254.968.9979. All signatures are required.