



Problems Course/Independent Study Contract

(This form is only for Problems Course/Independent Study. All other courses should be sent to the Course Inventory/Schedule Coordinator)

Name: _____ ID: _____

Phone: _____ Email: _____

Year: _____ Part of Term: _____ (*see codes below) Semester: _____ Course Subject (i.e. ENGL): _____ Course Number (check one): _____ 4086 _____ 5086

Course Credit Hours: _____ This course (check one): _____ Elective Course _____ Replaces required course: _____

Campus (check one): _____ Stephenville _____ Fort Worth _____ Waco _____ Midlothian _____ Online

Instructional Method (check one): _____ Face to Face _____ Online _____ Face to Face with Online Component

Nature of Study: (Check all which apply and list course information, if applicable). Give essential details as to the following:

_____ Research _____ Supervised Readings _____ Interdisciplinary Studies
_____ Audit another course (plus add'l assignments): _____ Software of System Study: _____
_____ Special Topic Study: _____ Project: _____
_____ Meetings: _____ Text to be used: _____
_____ Additional Requirements: _____

Course Title on Transcript (limited to 25 characters): _____

Course Description: _____

Testing Procedure(s):

_____ Comprehensive Final _____ Comprehensive Report _____ Other: _____

Examinations/Grading (check all that apply):

_____ Periodic Exams _____ Mid-Term Exam _____ Assignments _____ Presentations
_____ Other: _____

This contract must be completed and approved **PRIOR** to being enrolled in the 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.

Student Signature: _____ Date: _____

Instructor: _____ / _____ Date: _____
Print Sign

Department Head: _____ / _____ Date: _____
Print Sign

Dean Signature (if no comprehensive final or report) _____ Date: _____

Office of the Registrar / Box T-0620 / Stephenville, TX 76402 / 254.968.9121 / Fax 254.968.9389 / registrar@tarleton.edu

| *Part of Term Codes | | | | Registrar's Office Use Only | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------------|----------------------|
| Fall/Spring | Summer | | | CRN: _____ | Course Number: _____ |
| 16 week = 1 | 3 week = 13 | 12 week = 14 | 3 rd 4 week = 34 | Created By: _____ | Date: _____ |
| 1 st 8 week = 18 | 1 st 8 week = 18 | 1 st 4 week = 54 | 6 week = 36 | Registered By: _____ | Date: _____ |
| 2 nd 8 week = 28 | 2 nd 8 week = 28 | 2 nd 4 week = 24 | | | Updated 1/29/2016 |