

**Undergraduate Independent Readings Contract**  
**Crm J 499**  
(Pass/Fail Only)

This form must be filled out, signed by the faculty and then submitted to the Department of Criminal Justice and Criminology. Upon approval the course will be added to your schedule.

Semester & Year: \_\_\_\_\_ Credits (1-4): \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Subject of 499: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Expectations from student to meet requirement for credit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professor: \_\_\_\_\_

Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Final Approval/Date added to student schedule:* \_\_\_\_\_