
Independent Study Contract
CrM J 499
(Pass/Fail Only)

This form must be filled out, signed by the faculty and then submitted to Sis in Johnson Tower 726. Upon approval the course will be added to your schedule.

Semester & Year: _____

Credits (1-4) – Hours include work, trainings and meetings:

___ 1cr (40 hours) ___ 2cr (80 hours) ___ 3cr (120 hours) ___ 4cr (160 hours)

Student Name: _____

Student ID Number: _____ WSU Email: _____

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: _____