



University of Dallas
 Graduate School
 of Management

**Independent
 Study
 Contract**

Name _____
 (please print or type)

I. D. Number _____

Major _____

Independent Study Contract – Indicate School Term:
 Fall Spring Summer Year _____

Expected Term of Graduation:
 Fall Spring Summer Year _____

Supervising Instructor _____

Course Number Mgt. _____ (a maximum of two Independent Studies may be approved)

Independent Study Title _____

This Independent Study Course will substitute for: _____

Reason for Independent Study Request _____

THIS SECTION IS TO BE COMPLETED BY THE PROFESSOR AND STUDENT

The following work is required to complete the class:

- (✓) A proposal of the Independent Study is required. Proposal must be attached for approval consideration.
- (✓) A copy of the final paper must be submitted by the student to the Office of Student Records.
- () Completion of exams, if applicable.
- () Other, as specified by the Instructor:

I agree to abide by this contract. I understand that failure to comply with all conditions will result in no grade awarded and loss of tuition.

Student Signature _____

Date _____

Supervising Faculty Signature _____

Date _____

All Independent Studies must be approved by the Office of the Dean.

Dean's Approval _____

Date Approved _____