

UNIVERSITY OF DELAWARE

Department of Art

Independent Study Agreement

Faculty Sponsor's Name _____

Semester: Fall _____ Winter _____ Spring _____ Summer _____

Student Name _____ Normal registration
Student ID Number _____ procedures required in
addition to this form.

Course Number _____ Section _____ Number of Credits _____

Name of Project _____

Narrative Description of the Independent Study: (provide attachment, if necessary)

Student's Obligations:

Faculty Sponsor's Obligations:

Student's Signature & Date

Faculty Sponsor's Signature & Date

Received by in Art Department & Date

Department Chair's Signature & Date
