JOHNSTON CENTER
INDIVIDUALIZED STUDY

Student_____ Semester/Year_____

Course Meeting_____ Instructor/Sponsor_____
(date/time)

(A SIGNED ADD SLIP IS REQUIRED FOR EACH INDIVIDUALIZED STUDY.)

(Check-One)
This course is an_____ independent study_____ directed study_____ internship

COURSE TITLE

Unit Value*

(*Each unit of academic credit requires a minimum of 40 hours total learning time including readings, conferences, with instructor, writing, research, etc.)

COURSE DESCRIPTION: (readings, research, goals)

COURSE CONTRACT: (methods of meeting objectives: paper, project, etc., basis for evaluation)

_____ _____
Student Date

_____ _____
Instructor/Sponsor Date

_____ _____
Advisor Date

_____ _____
Johnston Center Director Date