

**University of Wisconsin Oshkosh**  
 UW Fox Valley Campus & UW Fond du Lac Campus  
*Independent Study/Related Readings Contract*

Term      Fall      Spring      Summer      School Year \_\_\_\_\_

Session    17W      14W      10W      7W1      7W2      3WI      8W      4W1      4W2

Student \_\_\_\_\_ Student ID \_\_\_\_\_

GPA \_\_\_\_\_ Total Credits Taken \_\_\_\_\_

Subject and Catalog Number \_\_\_\_\_ Campus \_\_\_\_\_

Catalog Number Range (100 - 299)

Course Topic (not to exceed 30 characters) \_\_\_\_\_

Course Credit Value      1      2      3      \_\_\_\_\_

**Brief description of the course of study and requirements for successful completion:**  
*(Please attach syllabus)*

Note: Students must register for the independent/related readings course during the normal registration period for each term. Independent study offerings are not to be used as a substitution for General Education requirements. The student, the instructor, the department chairperson/program director must sign the form. Once the contract has received the appropriate signatures, the form should be sent to the Registrar's Office in Dempsey 130 for completion or sent via email to [twregistration@uwosh.edu](mailto:twregistration@uwosh.edu).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only:*

Class Number: \_\_\_\_\_