

University of Wisconsin Oshkosh

Independent Study/Related Readings Contract

School Year _____

Term	Fall	J-Term		Spring	May Term		Summer
Session	14W	7W1	7W2	3WI	8W	4W1	4W2

Student _____ Student ID _____

GPA _____ Total Credits Taken _____

Subject and Catalog Number _____ Campus _____

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.

Student Signature: _____ Date: _____

Instructor (print and sign): _____ Date: _____

Department Chair: _____ Date: _____

Office Use Only:

Class Number: _____