

UCDHSC-DDC SPECIAL PROCESSING Form

Student Section - See the reverse side of this form for instructions

Student Name _____ Student Number _____ School/College _____ Major _____ Term/Year _____

Subject Abbr. _____ Course Number _____ Section Number _____ Credit Hours _____

Course Title (24 spaces each line)

Student Signature: _____ Date: _____

Independent Study/Thesis Completion Contract

Consult your school or college for limits and restrictions.

1. Briefly describe the project:

2. What performance/accomplishments will be expected of the student?

3. How many hours per week do you expect the student to devote to the project? _____

4. How many hours per week/month will the student and faculty meet? _____

Instructor and Dean's Approval

❖ Instructor's approval is required for all transactions on this form. ❖ Dean's approval is required for *Independent Study* courses, *Thesis* courses and late adds.

Instructor's Signature: _____ Date: _____

Instructor's Name - please print: _____

Dean's Signature: _____ Date: _____

Student is approved for a late add.

Records use only:

Date _____

Clrk _____

RR-06/95