

Theatre UCF
INDEPENDENT STUDY AGREEMENT

Revised February 2012

TO BE COMPLETED BY INSTRUCTOR
PLEASE TYPE OR PRINT

STUDENT: _____ PID: _____

INSTRUCTOR / SUPERVISOR OF INDEPENDENT STUDY: _____

TITLE OF INDEPENDENT STUDY: _____

COURSE INFORMATION CIRCLE :

REGISTRATION TERM / YEAR: FALL SPRING SUMMER 200_____

COURSE PREFIX: **THE** COURSE NUMBER: 3905—INDEPENDENT STUDY
4912—UNDERGRADUATE RESEARCH

CREDIT HOURS: 1 Credit 2 Credits 3 Credits

NOTE: If student is in rehearsal or production for this credit use the following guidelines to determine appropriate credit. These guidelines do not apply to other forms of independent study.

1 CREDIT: Student required to work a maximum of six hours per week during the semester enrolled

2 CREDITS: Student required to work a maximum of twelve hours per week during the semester enrolled

3 CREDITS: Student required to work a maximum of sixteen hour per week during the semester enrolled

ASSIGNMENT / EXPECTATIONS

AN ATTACHED SYLLABUS IS HIGHLY RECOMMENDED. Attach one to this form and one to the University Form.

STUDENT WILL MEET WITH INSTRUCTOR _____ TIMES PER WEEK FOR _____ HOURS PER SESSION.

THE STUDENT WILL: _____

GRADING CRITERIA GRADE WILL BE ASSIGNED UPON COMPLETION OF THIS ASSIGNMENT ACCORDING TO THE FOLLOWING:** THE TOTAL OF THIS COLUMN MUST EQUAL 100%

- _____ % ASSIGNMENT #1 _____
- _____ % ASSIGNMENT #2 _____
- _____ % ASSIGNMENT #3 _____
- _____ % ASSIGNMENT #4 _____
- _____ % PROFESSIONALISM / ATTITUDE
- _____ % PUNCTUALITY
- _____ % JOURNAL
- _____ % FINAL EVALUATION
- _____ % OTHER _____
- _____ % OTHER _____

I UNDERSTAND AND AGREE TO THE TERMS OF THIS INDEPENDENT STUDY ASSIGNMENT AND ITS GUIDELINES.

_____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____
STUDENT SIGNATURE DATE INSTRUCTOR SIGNATURE DATE

_____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____
ADVISOR SIGNATURE DATE AREA COORDINATOR SIGNATURE DATE

_____/_____/_____ _____/_____/_____
UNDERGRAD. COORDINATOR SIGNATURE DATE