Independent Study Contract
MHS 6901
1 – 4 Credit Hours, S / U Grade ONLY

Semester __________________________ Year _________ Current Date __________________________

Name (print) __________________________ UID# __________________________

☐ Thesis Track ☐ Applied Track MSCABH Concentration __________________________

Phone __________________________ Credit Hours __________________________

USF Email Address __________________________

Attach a one-page description of the independent project/study, and specific outcomes/products.

I have read and approve the study description and I agree to supervise the student for this Independent Study.

Note: Instructor will issue the grade

Instructor Name __________________________ Date __________________________

Instructor Signature __________________________

Advisor Name __________________________ Date __________________________

Advisor Signature __________________________

Student Signature __________________________ Required Documents (copies) attached __________________________ Date __________________________

— For Office Use Only —

<table>
<thead>
<tr>
<th>Reference/CRN#</th>
<th>Prefix #</th>
<th>Section #</th>
<th>Credit Hours</th>
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<tr>
<td>MHS 6901</td>
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Processed on: __________________________

ORIGINAL TO: ☐ Sandra Dwinell, sdwinell@usf.edu COPY TO: ☐ Student ☐ Advisor ☐ Instructor ☐ Concentration Director