INDEPENDENT STUDY CONTRACT

Pomona College Office of the Registrar

Independent Studies may be undertaken with full-time faculty only.
All details regarding course requirements and expectations should be specified on this contract.
All work is due by the last day of classes for the semester.

_____ _____

Semester/Year Taken **Student Name (Last, First Middle)**

ID#: _____ **Class**: ☐ First-Year ☐ Sophomore ☐ Junior ☐ Senior

Major(s): _____ _____

Course Discipline (e.g. Art History): _____ **Credit**: ☐ **half-course** ☐ **full-course**

Proposed title (32 letters max): _

Prerequisite(s) taken for this course: _____

Full description of course:

_____

_____

_____

_____

_____

Readings and other research sources:

_____

_____

_____

_____

Work to be completed for evaluation and grade: (Attach additional sheets if necessary.)

_____

_____

_____

_____

_____

_____ _____

Instructor's Name **(please print)** **Instructor's Signature** **date**

_____ _____

Student's Signature **date** **Department Chair Signature** **date**