

**FORM X**  
**COLLEGE SCHOLARS**  
**INDEPENDENT STUDY CREDIT AGREEMENT FORM**  
FOR HONORS (check one)

- 491: Foreign Study
- 492: Off-Campus Study
- 493: Independent Study
- 498: Project Hours

Term (e.g., Spring 2005): \_\_\_\_\_  
# of Credit Hours to be Granted: \_\_\_\_\_

This form should be completed and submitted to the Program Director (1101McClung Tower) before work is begun. The faculty member must submit a grade to the College Scholars Office in accordance with University deadlines for the given semester.

Your Name: \_\_\_\_\_ Your Email: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Faculty Email: \_\_\_\_\_

Plan for Independent Study: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Method of Evaluation: \_\_\_\_\_

\_\_\_\_\_

Grading\* (circle one):    A-F        S/NC

\*The grading scale you select **MUST** agree with what you are officially registered for.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date