Northwest Nazarene University
INDIVIDUAL STUDY CONTRACT

An individual study course is one in which the student under the direction of a sponsoring professor carries out a program of study without regular class attendance. The course may consist of readings, conference, individual research projects, etc.

INSTRUCTIONS TO THE STUDENT: Complete this form, attach a program of study, secure signatures of professor and department head. Submit all forms and documentation to the Office of the Registrar.

Student: ___________________________ ID: _______________ Date: __________________
NNU Box (or contact address): ___________________________________________________
Classification: _____________________________ Major: ________________________

An INDIVIDUAL STUDY is being requested for the course/session/year:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Session/Year</th>
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Please indicate the principal reason for requesting an Individual Study Contract and explain.

( ) Course not regularly offered at NNU.
( ) Other. Explain: ________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

( ) Scheduling difficulties. Explain: __________________________________________
___________________________________________________________________________

Attach a PROGRAM OF STUDY using the following outline.
1. The general plan of procedure.
2. A list of topics or special problems to be studied.
3. The schedule of professor-student conferences.
4. Textbooks, if they are used.
5. Bibliography of assigned readings.
6. List of any required term papers or other projects.
7. Test schedule if they are to be given.
8. A syllabus should be attached.

Recommendation of professor directing the study:  ( ) Approval  ( ) Disapproval

Signature of Professor: __________________________________ Date: __________________

Recommendation of Department Chair:  ( ) Approval  ( ) Disapproval

Signature of Department Chair: __________________________ Date: __________________

FOR OFFICE USE ONLY:
Number of previous individual study credits_________ CUM GPA________
Action of the Registrar:  ( ) Approved  ( ) Disapproved
Registrar: __________________________ Date: __________________

Notification of Action:  ( ) Student  ( ) Instructor