

UNDERGRADUATE RESEARCH CONTRACT

Please visit the School of Interdisciplinary Arts and Sciences (SIAS) Independent Study [Webpage](#) for an up to date list of all UNDERGRADUATE RESEARCH course options.

This form must be **typed**. Make copies for yourself and your faculty sponsor. Bring original signed form to SIAS office, WCG 424, or email to iashelp@uw.edu, to initiate the processing of your entry code.

IT IS THE STUDENT'S RESPONSIBILITY TO REGISTER FOR THESE CREDITS

SIAS students may earn a maximum of 15 Independent Study credits at UW Tacoma. INTERNSHIPS may account for 10 of these credits. Please see the SIAS Independent Study [Webpage](#) for an up to date list of all Independent Study courses.

Number of Independent Study credits previously earned _____

Course Prefix & #	Qtr	Year	Graded or CR/NC	# of Credits	SLN*	Entry Code (office use only)

**SLN changes quarterly. Please consult current [Registration Guide](#) for correct number.*

STUDENT INFORMATION

Name: _____ Student #: _____

Student Email (UW Addresses only) _____ @uw.edu Phone: _____

Faculty Sponsor: _____ Student's Major: _____

TITLE/SUBJECT OF RESEARCH:

LEARNING OBJECTIVES:

Objective #1:



Objective #2:

Objective #3:

SUMMARY OF WORK TO BE UNDERTAKEN:

SCHEDULE OF WORK TO BE UNDERTAKEN:

ASSIGNMENTS TO BE COMPLETED:

BIBLIOGRAPHY/RESOURCES:

In appropriate formatting (i.e. APA, MLA, etc.)

BASIS FOR GRADING (WITH PERCENTAGES):

Student: I concur with, and accept, the details and academic assignments indicated above.

Student Signature

Date

Faculty Supervisor: I have discussed the details of this UNDERGRADUATE RESEARCH with the student. We have reached agreement on the learning objectives and assignments as indicated above. I further agree to meet regularly with the student to ensure the success of the RESEARCH.

Faculty Supervisor Signature

Date

Office Use ONLY

Department Chair or Designee

Date