

DIRECTED READING CONTRACT

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

This form must be **typed**. Make copies for yourself and your faculty sponsor. Bring original signed form to SIAS office, WCG 424, 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 DIRECTED READING:

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 DIRECTED READING 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 READING.

Faculty Supervisor Signature

Date

Office Use ONLY

Division Chair or Designee

Date