

## 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, 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.

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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.

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Faculty Supervisor Signature

Date

Office Use ONLY

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Division Chair or Designee

Date