

**COUNSELING PROGRAM
INDEPENDENT STUDY/READINGS
CONTRACT**

Student Name _____ **Faculty Name** _____

Student ID # _____ **Date** _____

Degree: _____ **Ed.D.** _____ **CAGS** _____ **M.Ed.** _____ **M.A.** _____ **Quarter** _____

Major: **461** **461** **682** **683**

Objectives for Project:

Expectations/Strategies for Meeting Objectives (readings, activities, experiences):

Plan for Evaluating Outcome (written report, oral report, exam)

The descriptions above accurately portray the mutually agreed upon intent and procedure of the student's independent study/readings project.

Student _____ **Faculty** _____