

DEPARTMENT OF CHILD, YOUTH AND FAMILY STUDIES

INDEPENDENT STUDY CONTRACT

RESEARCH EXPERIENCE CONTRACT

A completed contract form is required prior to registration.
Student will obtain Call # at the CYAF Office, 135 MABL.

Enrollment
Permission
Code _____

Check appropriate CYAF contract:

CYAF 396/396H – Independent Study Contract

CYAF 496/896 – Advanced Independent Study Contract

CYAF 498/898/998 – Research Experience in Child, Youth and Family Studies**

**Students enrolled for 3 credit hrs will be expected to work 10-12 hrs/wk.

Course #: _____ No. of Credits: _____ Semester: _____

Name: _____ Student ID#: _____

Address: _____ Phone: _____

_____ CYAF Option: _____

Goals for Your Study and/or Research Experience:

Procedures:

Evaluation Criteria:

Instructor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____