

**University of Nebraska-Lincoln
Department of Child, Youth and Family Studies**

<u>Check appropriate CYAF contract:</u>	
<input type="checkbox"/> INDEPENDENT STUDY CONTRACT	<input type="checkbox"/> RESEARCH EXPERIENCE CONTRACT
A completed contract form is required prior to registration. Students will obtain enrollment permission code at the Office, 205 LPH.	
	Enrollment Permission Code
<u>Check appropriate CYAF course:</u>	
<input type="checkbox"/>	CYAF 396/396H – Independent Study
<input type="checkbox"/>	CYAF 496/896 – Advanced Independent Study
<input type="checkbox"/>	CYAF 498/898/998 – Research Experience in CYAF**
**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 Criteira:	

Instructor's Signature _____ Date _____

Student's Signature _____ Date _____