



**BAPTIST UNIVERSITY OF THE AMERICAS
INDEPENDENT LEARNING CONTRACT**

Name of Student _____

Name of Professor _____

Course Title: _____

Course # _____ Credit Hours _____ Semester/Year _____

Instructions:

1. State reason why you are requesting an Independent Study:

2. What are the goals/purpose for Independent Study:

3. Give a complete description of requirements (in consultation with professor) or attach syllabus.

4. Specify date for submission of final paper/exam. _____

Professor signature

Date

Academic Advisor's Approval

The request is (approved) (not approved).

Academic Advisor

Date