



BBUS 499 - Independent Study Contract

Quarter: _____ Year: _____ # of Credits*: _____

**Note: A maximum of 10 credits of Independent Study & Internship may count toward the Business degree.*

Name: _____ Student #: _____

Email address: _____ Telephone #: _____

Faculty Sponsor (print name): _____

Your concentration (circle): Finance – Management – MIS – Marketing – TIM – Self Directed

Title of Project: _____

Attach a detailed outline to include a title, proposed thesis statement, theory and methods to be used (where appropriate), plus a bibliography of appropriate sources. If you want to use this study for a specific concentration, write the concentration here: _____

The undersigned agree to this independent study contract and the attached proposal.

Student: _____
 Signature Date

Faculty Sponsor: _____
 Signature Date

Associate Director – Undergrad: _____
 Signature Date

For Office Use Only	
Course: BBUS 499	SLN:
<u>Faculty Name:</u>	<u>Faculty Code:</u>
<u>Registered By:</u>	<u>Date:</u>