

UND Music Special Project & Individual Study Contract or Agreement

Semester and Year: _____

Course: _____

Credits: _____

Hours per Week Work Expected: _____

Completion Date (anticipated): _____

Course Title: _____

Student Name: _____

Faculty Name: _____

Description of work/objectives to be accomplished under contract (brief but descriptive):

Criteria for grading work under contract (brief but specific):

Student Signature: _____

Student ID Number: _____

Student Address: _____

Student Phone: _____

Student Email: _____

Faculty Signature: _____