

Contract for Independent Study Design Course (ARCH 451/452/453)

To be completed by STUDENT: EmplID #: _____ Major: _____ Student Name: _____ Address: _____ _____ Phone: _____ E-mail: _____	To be completed by SUPERVISOR: Supervisor: _____ Course Number: _____ Quarter: _____ Year: _____ Date all work is to be completed: _____
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Description of Work to be Completed:

1. Project Title:

2. Studio Space (Location where student will complete the project):

3. Project Abstract:

_____ Student Signature	_____ Date
_____ Supervisor Signature	_____ Date
_____ Fourth-Year Coordinator Signature	_____ Date
_____ Department Head Signature	_____ Date