Department of Visual Arts and Art History Directed Independent Study Contract

Term:			Year:	
Student Name: _				
Z Number:		FAU Email: _	@fau.edu	
Professor:				
Course Title:				
Course Prefix:	Course #:		Course Sequence #:	
CRN:	_ Credits Seeking: _			
Description of wo	ork to be completed:			
Approved By:				
Professor Signatu	re		Date	
 Student Signature	·		Date	