Department of Visual Arts and Art History Directed Independent Study Contract

Term:		Year:	
Student Name: _			
Z Number:		Telephone Number:	
Professor:			
Course Title:			
Course Prefix:	Course #:	Course Sequence #:	
CRN:	Credits Seeking:	<u></u>	
Description of wo	ork to be completed:		
Approved By:			
Professor Signatur	'e	Date	
Student Signature		 Date	