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	rk to be completed:		
Approved By:			
Professor Signatur	e		Date
Department Chair :	Signature		Date
Student Signature			Date