



THE SAGE COLLEGES

Undergraduate Contract for Independent Work

NOTE: All items must be completed

TYPE OF CONTRACT

- Independent Study (Not part of the regular curriculum)
- Regular Course Taken Independently
- Internship

COLLEGE

- Russell Sage College
- Sage College of Albany

STUDENT INFORMATION

Name: _____ Student ID #: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: () _____ - _____ Work Phone: () _____ - _____

CREDITS EARNED TO DATE: _____ CUM GPA: _____ MAJOR GPA: _____

TERM: (Fill in year and circle the term in which you will begin this project) **YOU MUST SUBMIT THIS CONTRACT AND REGISTER FOR THIS COURSE INCLUDING PAYMENT BEFORE THE LAST DAY OF LATE REGISTRATION IN THE TERM SELECTED**

20 _____ Fall Spring Summer I Summer II

COURSE TO BE TAKEN: (Choose either A or B)

A. Independent Study (Not part of the regular curriculum):

Academic Discipline _____ Level of Study (Circle One): 200 300 400
 Title of Study: _____ Credits: _____

B. Regular Course Taken Independently OR Internship (As listed in College Catalog)

DEPT	CATALOG #	COURSE TITLE	CREDITS
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REASONS FOR UNDERTAKING INDEPENDENT STUDY/INTERNSHIP:

BRIEFLY SUMMARIZE YOUR LEARNING OBJECTIVES:

CONTINUED ON THE OTHER SIDE

IF THIS IS A CONTRACT FOR INDEPENDENT STUDY, STATE THE METHODOLOGY
(ie., Library, Laboratory, Survey, Museum Research, etc.)

**IF THIS IS A CONTACT FOR AN INTERNSHIP OR PRACTICUM, LIST THE COURSES
YOU HAVE ALREADY COMPLETED IN THIS DISCIPLINE AND DESCRIBE THE
NATURE AND SCOPE OF THE INTERNSHIP**

**FACULTY SUPERVISOR'S STATEMENT ABOUT THE METHOD OF EVALUATING
STUDENT'S WORK** (e.g., paper(s), exams, performance, exhibit, other formal work, etc.)

REQUIRED SIGNATURES:

Student: _____ Date: _____

Faculty Supervisor: _____ Date: _____
(Printed) (Signed)

Field Supervisor: (FOR INTERNSHIP ONLY)

I have agreed to supervise this internship and evaluate the student's performance:

(Printed Name) (Title) (Place of Employment)

(Signature) Date: _____

Academic Advisor: _____ Date: _____

Dept. Chairperson: _____ Date: _____

**After completing this contract and obtaining ALL required signatures, the student should
provide one copy for the Faculty supervisor, retain one copy, and file the original with Student
Services.**