

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: _____ Sage 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: _____

Dean of College: _____ 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.