Plant Pathology Graduate Student
Independent Study Contract

Student Name: ______________________________________ SID (not SSN): ___________________________

Course (prefix, course no.): ____________________ Semester (Year/Term): _______________________________

Faculty Mentor: ________________________________ Credit Hours: __________________

Research Project Title: __________________________________________________________________________

Learning goals:

__________________________________________________________________________________________

General description of methods to be employed:

__________________________________________________________________________________________

Anticipated project or research results:

__________________________________________________________________________________________
Product student is to provide, including due date:

Grading expectations:

Arrangements for student-faculty member interactions:

Must be completed and submitted no later than the last day to add a class in any term. Please sign below by entering your name, e-mail address, and phone number.

Student: ______________________________________________________________________________________
(full name, e-mail address, phone number)

Faculty Mentor: ________________________________________________________________________________
(full name, e-mail address, phone number)

Distribution of electronic copies: i) student, ii) faculty mentor, iii) DGS for the student’s program, and iv) Office of Academic Programs, Sarah Wells (Sarah.Wells@uky.edu).

10-28-2011