

REC/RTH 795 INDEPENDENT STUDY IN RECREATION

Name of Student: _____ ID # _____

Local Address: _____

Email: _____

Local Phone: _____

____ Recreation Management ____ Recreational Therapy

Number of Credits (1-3): _____

Suggested Topic: _____

Conditions of Agreement:

1. I am currently a Graduate student and have read the REC/RTH 795 course description as listed in the Graduate Catalog;
2. Attach project outline including goals, academic focus, timeline, grading method;
3. Expected date of completion for special project is _____;
4. Except for extenuating circumstances, an "incomplete" grade will not be given. Extenuating circumstances should be discussed a minimum of 30 days prior to the due date of the project with my Special Projects Advisor;
5. Student takes completed form to Records and Registration, 117 Graff Main Hall;
6. If REC/RTH 795 is a substitute for a required course please indicate the course it is intended to satisfy:

Dept. Abbreviation & Number	Course Title	Credits
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Signature of Student	Date
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Signature of Independent Study Advisor	Date
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Signature of Graduate Program Director	Date
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Original to Records and Registration 117 Graff Main Hall

Copy: RMRT Graduate Program Director

Student

CSH Assistant to the Dean, 105 Graff Main Hall