



MILLIKIN UNIVERSITY®

Registrar's Office
1184 West Main Street
Decatur, Illinois 62522

Individual Study Contract Traditional Undergraduate Program Only

217.424.6217
217.420.6789
www.millikin.edu

Student Name: _____ Term: Fall___ January___ Spring___ Summer___ Year_____

Student ID: _____ Major 1_____ Major 2_____

Directions: Please select the type of study you plan to undertake and fill out the appropriate sections. Return the completed form to the Registrar's Office with **all signatures**. **Please also include the learning goals/syllabus for the course.**

Fee Structure

Consult the current Academic Year Bulletin or January/Summer Term Catalog for the fee structure which applies to your option indicated below.

INTERNSHIP

Course Title: _____

Company/Organization: _____

Supervisor's Name: _____

Department: _____ CRN/Course Number (assigned by Registrar) _____ Credit Hours _____

INDEPENDENT STUDY

Course Title: _____

Supervising Faculty's Name: _____

Department _____ CRN/Course Number (assigned by Registrar) _____ Credit Hours _____

DIRECTED STUDY

Course Title: _____

Supervising Faculty's Name: _____

Department _____ CRN/Course Number (assigned by Registrar) _____ Credit Hours _____

I have discussed this fully with my faculty supervisor and have agreed upon the content and terms needed to complete this course satisfactorily.

Student's Signature Date

Advisor's Signature Date

Supervising Faculty Signature Date

Student Financial Service's Signature Date

Department Chair's Signature Date

Dean's Signature Date

Director of January and Summer Immersion Date

(Required only if plan of study occurs during the January or Summer Immersion Term)