

 **University at Buffalo**
School of Social Work
Independent Study Contract

Student Name (print) _____ Person Number: _____

Student Email: _____ Semester: _____ Credits: _____

Description of purpose/expectations *

Student activities/tasks to be accomplished and timeline (include specific dates for product submission and method of submission):

Faculty/student responsibilities (include contact with instructor, e.g. periodic phone calls, e-mails or meetings to discuss progress):

SSW resources needed to perform specified activities (e.g. laptop, VCR, tape recorder, etc.):

Student grade will be based on the following activities:

All parties agree on the content and tasks associated with this contract.

Student signature _____ Date _____

Faculty signature _____ Date _____

Director, MSW Program _____ Date _____

Please submit the original of this form to the Academic Processes Coordinator: 685 Baldy Hall.

* Required by UB for Graduation