

University of Kentucky
College of Social Work
619 Patterson Office Tower
Lexington, Ky 40506-0027
Fax 859-323-1030

Independent Study Learning Contract

Name _____ ID # _____

Current Mailing Address _____

_____ Phone: _____

Course ___ SW 395 (BASW) ___ SW 780 (graduate) Semester/yr _____ credit hrs _____

Grade type (*BASW only*): ___ letter ___ pass/fail

Advisor _____ Faculty mentor _____

Complete the section below. Use additional paper to fully describe project if necessary.

Discuss and outline the nature of your independent study. Include your plan of study, time allotment, deadlines, specific activities, and resources (e.g., readings, text books, community agencies).

List your specific learning objectives for your independent study and how this course will allow you to accomplish these objectives.

List the means and criteria for evaluation and grading of this course.

Outline the arrangements for meetings and reports with mentor (time, frequency).

Student's signature

Faculty Mentor's signature

Director of Undergraduate Studies or
Director of Graduate Studies signature

Please submit this form to the above address after all signatures are obtained.