

### Independent Studies Agreement for Lecturers

Lecturer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Lecturer Department: \_\_\_\_\_

Quarter/Year: \_\_\_\_\_

Course Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

I am voluntarily choosing to teach an independent studies course, and understand that I will not receive remuneration for this course offering. I understand that my department is not requiring me to offer an independent studies course.

\_\_\_\_\_

Lecturer's Signature

\_\_\_\_\_

Chair's Signature