

# Special Study Agreement

College of Arts and Letters

Department of Philosophy

For Office Use Only

Schedule #: \_\_\_\_\_

Add Code: \_\_\_\_\_

Instructor: \_\_\_\_\_

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

Section 1: To be completed by student.

Section 2: To be completed by instructor and student.

## Section 1.

Last Name  First  Middle

Address  City  State  Zip

Email  Phone  Red ID

Course Number  Units  Semester  Year

## Section 2.

A. Title of Project (3 to 5 words):

B. Brief Project Outline:

C. Objective to be accomplished:

D. Grade to be based on: Exam(s)  How Many  Paper(s)  How Many/Length  Project(s)  How Many

E. Signatures: Instructor  Student   
Instructor (printed name)