

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

### Independent Study Learning Contract

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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).*

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Student's signature

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Faculty Mentor's signature

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Director of Undergraduate Studies signature

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