

Hope College  
DEPARTMENT OF ART

Contract for Independent Study  
ART 490

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

Course #: \_\_\_\_\_

Professor Name: \_\_\_\_\_ **ONE Credit Hour**

I. Objectives of the Study – briefly state the area (s) of study and what you intend to pursue in this/these area (s) .

II. What are your prerequisites for doing Independent Study or Special Problems Study?

III. Meetings will be arranged between student and instructor (list dates and times) .

\_\_\_\_\_  
Signature of Professor

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

\_\_\_\_\_  
Signature of Student

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