Soil Science 299
Independent Study Agreement Form

Student Information
Name: ___________________________________ Campus ID: ______________________________
Email: __________________________________
Signature of Student: _________________________ Date: __________________

Instructor Information
Name: ___________________________________ Department: _____________________________
Email: __________________________________
Signature of Instructor: _______________________ Date: __________________

Course Information
Term (e.g. Fall 2015): ________________________ # of Credits*: __________________
*3 hours of work per week = 1 credit; For information about the Federal Credit Definition, please refer to https://kb.wisc.edu/page.php?id=36263

• Describe the proposed independent research project. If you require additional space, please use the back of this form.

• Describe how the student’s grade will be evaluated (paper, skills, etc.)

Please return this completed form prior to registration to the Student Services Office. Questions can be directed to kjones26@wisc.edu