



Hort 289/299 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 2014): _____ # of Credits*: _____

***3 hours of work per week per 15 week semester = 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 Horticulture Student Services Office at 386 Horticulture. Questions can be directed to kjones26@wisc.edu*