



Undergraduate Independent Study Contract, ENT 395

Department of Entomology, CAFE, University of Kentucky

Student Name: _____ Student ID (not SSN): _____
Faculty Mentor: _____ Semester (Year/Term): _____
Credit Hours (1-3): _____

Research Project Title:

Learning Goals:

General description of methods to be employed:

Anticipated project or research results:

Product student is to provide, including due date:

Grading expectations:

Arrangements for student-faculty member interactions:

Student: (full name, e-mail address, phone number):

Faculty Mentor: (full name, e-mail address, phone number):

Distribution of electronic copies via e-mail: i) student, ii) faculty mentor, iii) DUS for the student's program (jenawhite@uky.edu), and iv) Center for Student Success, Jamie Dunn (jamie.dunn@uky.edu)

Upon completion and submission of this form a section of ENT 395 under the faculty mentor's name will be established by the Center for Student Success.