



## Independent Study (IS) Agreement Form Department of Plant Pathology

### Student Information

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Major(s): \_\_\_\_\_  
Year in School: \_\_\_\_\_ Graduation Term: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Independent Study (IS) Instructor Information

Instructor Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Instructor Office: \_\_\_\_\_  
IS Department: \_\_\_\_\_ IS Course #: \_\_\_\_\_  
Term of IS: \_\_\_\_\_ # of Credits: \_\_\_\_\_

### Independent Study – student involvement in the execution of a project or research

The learning goals of Independent Study:

- Working knowledge of the scientific method
- Building teamwork skills
- Developing problem solving and critical thinking skills
- Improving communication skills

Requirements for all Plant Pathology Independent Study students

- Fulfill agreed upon hours/week (stated below)
- Keep a lab notebook
  - Complete data entry before the end of term
  - Turn in lab notebook to supervisor by the last day of term
- Complete written or oral presentation of research by the end of term
  - If presenting research to an audience outside your assigned lab, obtain agreement from supervisor for final research presentation

Information on campus level policies regarding independent instruction can be found online at <https://kb.wisc.edu/vesta/page.php?id=36263>

According to the Federal Credit Definition, the amount of credit for regular group instruction is such that each credit should be equivalent to one hour of classroom instruction and a minimum of two hours of additional student work per week over 15 weeks, or the equivalent effort over a different time frame, or an amount of academic work equivalent to what would be expected in other for-credit activity. The department of Plant Pathology will award one credit for every 3-5 hours of work per week over a 15 week semester or for a total of 45-75 hours.

Fill in one of the two lines below:

Number of hours to be worked: \_\_\_\_\_ hours each week for \_\_\_\_\_ weeks.

Total number of hours to be worked during the enrolled term: \_\_\_\_\_

If the student is sick or cannot work their normal hours they should contact the following:

First contact (name and contact method): \_\_\_\_\_

Second contact (name and contact method): \_\_\_\_\_

In the case of an accident or sudden illness while in the lab the emergency contact for the student is

Name, relationship, and contact method: \_\_\_\_\_

**Description of the project that the student will complete (enter below or attached separate sheet):**

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Please include any additional special requirements for this independent study below (such as field work, driver's authorization required, etc.):

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**Signatures**

Name

Signature

Date

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

Supervisor: \_\_\_\_\_

IS Instructor: \_\_\_\_\_

*The original version of this form is to be kept by the Independent Study instructor and a copy should also be retained by the student.*

*Instructors may add additional information specific to the requirements for independent study credit work in their lab to this agreement form. The additional information should be initialed by both the instructor and student to reflect that it is a part of the agreement.*