



OHIO VALLEY
UNIVERSITY

OVU INDEPENDENT STUDY CONTRACT

OVU Office of the Registrar
1 Campus View Drive, Vienna, WV 26105-8000
304.865.6105 | registrar@ovu.edu

Student: _____ ID#: _____

Address: _____

City/State/Zip: _____

Phone Number: (_____) _____ Work Number: (_____) _____

Course #	Course Title	Credit Hrs	Semester/Yr

Justification for independent study request: _____

University or external facilities or resources required: _____

Beginning Date: _____ Completion Date: _____

Note: *The independent study contract must originate with the advisor, who must discuss the need and process with the school chair or program director. The contract must be approved by the college dean and the VPAA before an agreement is made with the student. All signatures must be secured before approval for an independent study is granted. The contract must be attached to a syllabus that includes course rationale, objectives, instructional methods, required resource materials, evaluation instruments, schedule, and other pertinent components.*

NAMES AND SIGNATURES:

Date: ____ / ____ / ____

Student: _____

Instructor: _____

Advisor: _____

School Chair/Director: _____

College Dean: _____

VPAA: _____

Registrar's Office: _____