



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: \_\_\_\_\_