

**HONORS RESEARCH CONTRACT**  
**Department of Romance Studies**  
**FREN/ITAL/PORT/SPAN 691H, 692H**

691H and 692H provide the student the opportunity to work with a faculty member in conducting research for, and writing, a senior honors thesis. The student and faculty member are expected to meet on a regular basis. The student must have an overall cumulative GPA of 3.3 or higher to register for this course.

Date of Application: \_\_\_\_\_ Course: \_\_\_\_\_

Student's Name: \_\_\_\_\_ PID: \_\_\_\_\_ Class \_\_\_\_\_

Email: \_\_\_\_\_

Current GPA: MAJOR \_\_\_\_\_ OVERALL \_\_\_\_\_ (confirmed by instructor)

Instructor Name: \_\_\_\_\_

**COURSE CONTENT** (may attached a detailed plan that addresses each item below)

Project description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reading assignments (and due dates, if relevant): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Written assignments (page requirements/limits and due dates, if relevant): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other assignments (please describe): \_\_\_\_\_  
\_\_\_\_\_

Assessment: \_\_\_\_\_

**INSTRUCTOR OF RECORD AND STUDENT RESPONSIBILITIES:**

I understand the responsibilities of the instructor and agree to undertake these responsibilities.

Instructor \_\_\_\_\_ Date \_\_\_\_\_

I have read the responsibilities of the student and agree to undertake these responsibilities.

Student \_\_\_\_\_ Date \_\_\_\_\_

**\*INDEPENDENT STUDY COORDINATOR/CHAIR/SAD:**

This application for Independent Study has been reviewed. The proposal is

\_\_\_ APPROVED AS IS

\_\_\_ REQUIRES MORE INFORMATION (provide details and return to instructor and student)

\_\_\_ NOT APPROVED (provide rationale) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Independent Study Coordinator (ROMS DUS)

Date

\*If the DUS is the student's Independent Study instructor, this form should be signed by the Chair. If the Chair is the student's Independent Study instructor, this form should be signed by the Chair's Senior Associate Dean (SAD).

\_\_\_\_\_

ROMS Chair/SAD

Date

Note: Departments must maintain copies of this contract for a minimum of four years.