

The University of Nebraska-Lincoln  
College of Agricultural Sciences and Natural Resources

**Contract Form**

**PLEASE SELECT ONE:**

Independent Study      Special Problems      Internship      Career Experience

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Degree Program \_\_\_\_\_

Department \_\_\_\_\_ Course Number \_\_\_\_\_ Credit Hours \_\_\_\_\_ Semester Code \_\_\_\_\_

**Goals of Project:**

**Methods of Evaluation:**

Adviser's Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student and Adviser should keep copies