Application for Contract for Independent or Directed Study For HAW 499, HAW 699 & HAW 695

<table>
<thead>
<tr>
<th>Student Name</th>
<th>UHM Student ID No.</th>
<th>Student Email</th>
<th>Major &amp; Degree</th>
<th>Semester &amp; Year/Course No.</th>
<th>Credits / CRN No.</th>
<th>Supervisor*Name</th>
<th>Cultural Practitioner Name</th>
<th>College/School or Affiliation</th>
<th>Supervisor Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Supervisor must be a UH faculty member.

Independent or Directed Study (IDS) Contract Requirements for Approval of a HAW 499, HAW 699 & HAW 695

Working together with your UH faculty supervisor, please fully describe in writing (word process) the following information for your HAW 499/699/695 Independent or Directed Study (IDS) Contract. Write a contract that you can deliver and your supervisor will honor. Number and write each question and response separately. Label each page of the document with your name and UH student ID No. Attach your finished document to this signed application. SUBMIT YOUR SIGNED, IDS APPLICATION (& ATTACHMENTS) ONE-WEEK BEFORE THE LAST DAY TO ADD CLASSES (see UHM Academic Calendar) for the Center Director’s approval.

1. **Title of your HAW 499/699/695 Independent or Directed Study (IDS) Project**
2. **Description of the IDS Project** (Introduction, significance of the study, how the study is a viable alternative to courses offered, etc.)
3. **Description of the IDS Project’s Purpose, Major Learner Outcomes or Objectives (3 minimum)**
4. **Detailed description of how the IDS Project will fulfill the required hours (50 hours per credit) and how you will account/record and report the time engaged. If there are regular meeting times, please describe in detail.**
5. **Detailed description of how you will implement the IDS Project from start to finish. Fully describe “deliverables” along the way so that the supervisor can developmentally assess your progress and accomplishments.**
6. **Detailed description of how you will have your supervisor evaluate your IDS Project. Relate your process to your Purpose, Major Learner Outcomes or Objectives (no. 3). If applicable, include specific criteria such as a proposed percentage breakdown for successful completion of components or stages of the IDS Project, grading matrix, etc.**
7. **If applicable, provide a bibliography or other resources to be used as part of your IDS Project.**
8. **If your IDS Project will engage in activities off campus, please attach a signed copy of the “Statement of Assumption and Risks” form to this application.**
9. **Student and supervisor must sign the application form (with attachments) and submit to the Director for approval.**
10. **Academic Advisor will file all IDS applications (approved and not approved).**

Student Signature________________________________________________________Date________________

UH Faculty Supervisor Signature_____________________________________________Date________________

☐ Approved ☐ Not Approved ☐ Remarks (if any):__________________________________________________________________

Center Director Signature____________________________________________________Date________________