

**UNIVERSITY OF NEBRASKA-LINCOLN
ANIMAL SCIENCE DEPARTMENT
MEAT INVESTIGATION CONTRACT FORM
Must be typed and completed prior to start of study**

Please mark one of the following: _____ ASCI 419

Name	_____	Student ID#	_____	Date	_____
Address	_____	Major	_____	Option	_____
E-mail	_____	Phone	_____		
Credit hours	_____	Semester	_____	Year	_____

General description of the independent study (what you plan to do, etc).

Goals and objectives of the activity (goals are general statements of what you intend to achieve or learn; objectives relate to how you are going to achieve or learn; see Frequently Asked Questions document for examples).

Name of instructor and description of what you'll do or provide your instructor to serve as a basis for assigning a grade (see Frequently Asked Questions document for suggestions)

Student's signature	_____	Date	_____
Instructor's signature	_____	Date	_____
Advisor's signature	_____	Date	_____