

APPLICATION FOR INDEPENDENT STUDY

Name _____ Date _____

Course ID _____ Class (So,Jr,Sr) _____
Department No. (390,490)

Title of Project: _____

Course Credits _____ 1st semester _____ 20 _____ 2nd sem (if applicable) _____ 20 _____
.5 or 1 Fall/Spr Fall/Spr
(per semester)

Independent Study Faculty Adviser: _____
(please print)

Project Description : (Required. Be as precise as you can. Use reverse side or attach separately if needed.)

Bibliography: (Required. Use reverse side or attach separately if needed.)

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INDEPENDENT STUDY AGREEMENT

We have agreed to meet as follows during the project: _____

A rough draft of the paper (project) will be due : _____

The final version of the paper (project) will be due : _____

Student's Signature _____

Ind. Study Adviser's Signature _____

Academic Adviser's Signature _____

PLEASE COMPLETE REVERSE SIDE

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TO BE COMPLETED BY DEPARTMENT CHAIRPERSON

Grading Arrangement:

_____ Regular grade(s)

_____ No grade/double grade (two-semester projects only)

Project Approval _____

Department Chairperson

Date

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SPECIAL STUDIES STUDENTS

Project Approval _____

Director, Special Studies Major Program

Date

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ADDITIONAL COMMENTS

This form must be completed and submitted to the Registrar's Office as early as possible but no later than fourteen days after classes begin.

NOTE: Both the student and the faculty sponsor should retain copies of this form for their records.