



PROPOSAL FOR INDEPENDENT STUDY

Name of Student:

ID #:

Title of Independent Study:

Academic Year:

Semester (Indicate if Full-Year):

Degree Program:

Discipline Area:

State the curriculum and goals of the proposed project below or attach formal syllabus/bibliography:

List course requirements (written work, or other assignments required of the student:

Number of meeting with instructor over the course of the year:

Proposed Number of Credits:

Letter Grade or Pass/Fail Grade:

NAME OF INSTRUCTOR:

Signature of Instructor of Record:

Date:

Signature of Student's Advisor:

Date:

Approval of Dean of Program:

Date:

For Office Use Only: Course # _____

Please Submit this Form to the Registrar's Office for Approval.