Independent Study
Course Number 699 / 199

Name of Student _______________________________ ID Number ________________________________

Current Mailing Address __________________________________________________________________

Classification ____________________________ Cumulative Grade Point Average ________________

Semester and Year Enrolled ____________________ Credits to be Earned ______________________

Department _______________________________ Course Number _____________________________

Supervising Professor __________________________ Section Number (Inst #) _______________

Study Proposal (Describe Fully - Attach additional sheet if necessary) - Include the following
information: General statement of subject matter; description of student's activities - read books (list
titles), consult journals, conduct interviews, perform experiments, etc.; description of how student will be
evaluated --oral reports, exams, papers, etc.

Student __________________________ Date

Supervising Professor __________________________ Date

Copies to: Dean’s Office (Send one copy)
Department Chairman
Supervising Professor
Student
Honors College (when applicable)

Dean __________________________ Date

Department Chair __________________________ Date

Independent Study Form
12/31/2007