INDEPENDENT STUDY
COURSE NUMBER SOCIOL 199 or SOCIOL 399

Name of Student _________________________________     ID Number _________________________________

Current Mailing Address

Classification ____________________________

Cumulative Grade Point Average

(minimum 2.5 required) ____________________________

Semester and Year Enrolled ______________________

Credits to be Earned ____________________________

Department Sociology

Course Number ____________________________

Supervising Professor ____________________________

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 Program (when applicable) __________________

Student __________________

Department Chair __________________

Dean __________________