



Independent Study/Reading Form

Name Plan
Major Professor

799 (Masters Level) 999 (Doctoral Level)

Semester Academic Year 20__-20__ Credits

If this course is designed to substitute for a program requirement, please indicate which one:

[Empty box for substitution information]

If this is a substitution, you will need to obtain the written approval from the coordinator of your concentration or from the Graduate Studies Coordinator.

Describe in detail the work to be pursued (required reading, papers, etc.) Attach a separate sheet if necessary:

[Large empty box for describing the work to be pursued]

Instructor signature

Date

Major Professor or Advisor signature

Date

Student signature

Date