

Independent Study
Course Number 695 / 699 / 999

Name of Student: _____ ID Number: _____

Current Mailing Address: _____

Current Email: _____

Degree Program: _____

Semester and Year Enrolled: _____ Credits to be Earned: _____

Course Number (699 for undergrad/999 for grad): _____

Supervising Professor: _____ Section Number (Inst#): _____

Study Proposal

Describe **fully** - *Attach additional sheet if necessary*

Include the following:

- 1) General statement of subject matter
- 2) Description of student's activities – e.g., read books (list titles), consult journals, performing experiments
- 3) Description of how student will be evaluated – e.g., oral reports, exams, papers

Student Signature Date

Supervising Professor Signature Date

Associate Dean Signature Date

Copies to: Academic Program Manager
Supervising Professor