

**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

\_\_\_\_\_  
Department Chair Date

\_\_\_\_\_  
Dean Date

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