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| Office of the Provost, North Hall 205 |
| **PERMISSION TO TAKE INDEPENDENT STUDY AND PROJECT DESCRIPTION FORM** |
|       |  | **To be completed by Academic Advisor**: |
|       |  | [ ]  FA | [ ]  SU 1 |  |       |
| [ ]  SP | [ ]  SU 2 |
| **STUDENT’S NAME (Please Print)** |  | **Course No.** |  | **Semester** |  | **Year** |
|       |  |       |  | [ ]  Soph. | [ ]  Jr. | [ ]  Sr. | [ ]  Grad. |
| **STUDENT’S ENROLLED SCHOOL** |  | **Grade Cum.** |  | **Student’s Year (Please check one)** |
|       |  |       |  |       |
| **STUDENT’S HOME DEPARTMENT** |  | **Credit hrs. requested** |  | **Contact hrs.** |
|       |  |       |
| **FACULTY NAME (Please Print)** |  | **No. of Independent Study Credits taken to date** |
| **STATEMENT OF PROPOSED PROJECT**Describe the Independent Study Course Work, and it’s relationship to your curriculum. (Include: Objectives and what shape the project will take.) |
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| **INDEPENDENT STUDY PROJECTS WILL TAKE PLACE OUTSIDE NORMAL CLASSROOM HOURS.** |
|  |  |       |  |  |
| **STUDENT’S SIGNATURE** |  | **DATE** |  |  |
|  |
| **THE FOLLOWING SIGNATURES ARE REQUIRED:** |
|  |  |       |  |  |  |       |
| **FACULTY SIGNATURE** |  | **DATE** |  | **DEAN’S SIGNATURE** |  | **DATE** |
|  |  |       |  |  |  |       |
| **CHAIRPERSON’S SIGNATURE** |  | **DATE** |  | **OFFICE OF THE PROVOST** |  | **DATE** |