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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.** | | | | | | | | | | | | | | | | | | | |
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| **STUDENT’S SIGNATURE** |  | **DATE** | |  | |  | | | | | | | | | | | | | |
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| **THE FOLLOWING SIGNATURES ARE REQUIRED:** | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | |  | | | | | | | | |  |  | | | |
| **FACULTY SIGNATURE** |  | **DATE** | |  | | **DEAN’S SIGNATURE** | | | | | | | | |  | **DATE** | | | |
|  |  |  | |  | |  | | | | | | | | |  |  | | | |
| **CHAIRPERSON’S SIGNATURE** |  | **DATE** | |  | | **OFFICE OF THE PROVOST** | | | | | | | | |  | **DATE** | | | |