

PERMISSION TO TAKE INDEPENDENT STUDY AND PROJECT DESCRIPTION FORM

	To be completed by Academic Advisor:		
	<input type="checkbox"/> FA	<input type="checkbox"/> SU 1	
	<input type="checkbox"/> SP	<input type="checkbox"/> SU 2	
STUDENT'S NAME (Please Print)	Course No.	Semester	Year
STUDENT'S ENROLLED SCHOOL	Grade Cum.	<input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Grad. 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.)

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