Department of Communication and Dramatic Arts
Independent Study Proposal

Please print or type:

Student Name: _________________________________ Student ID#: __________________

Course Number: ____________ Credit Hours: ________ Date Study Initiated: ______________
☐ Undergraduate ☐ Graduate (Semester and Year)

Topic:

Assignments: Due dates (where appropriate)

Evaluation Criteria:

Scholarly/Creative Outcomes (describe if appropriate for the independent study):

Assigned readings (please attach a list if applicable).

_________________________________________  _______________________________________
Signature of Student                        Signature of Supervisor

_________________________________________
Signature of Instructor

Distribution: Student, Graduate Coordinator, Area Coordinator, Department Chairperson, and Instructor.

Revised 6/2012