

Central Michigan University
Department of Communication Disorders
Independent Study Form

This form should be completed when the Independent Study has been agreed upon and approved by the student's supervisor.

Student name _____ Student ID # _____ Student email _____

Independent Study _____
Course Designator and Number Semester/Year Section Number Credit hours

GRADUATE CREDIT

UNDERGRADUATE CREDIT

Title of Study _____

1. DESCRIPTION SYNOPSIS (Subject matter, purpose, methods, procedures) _____

Does this project involve human subjects? Yes No

Note: All research involving human subjects must adhere to Central Michigan University's policies and procedures. Visit the Office of Research and Sponsored Programs (ORSP) https://www.cmich.edu/office_provost/ORSP/Pages/default.aspx for information regarding the Institutional Review Board (IRB) policies and procedures.

2. RATIONALE (Why independent study rather than regular course?) _____

3. PREPARATION (Relevant course work, reading, work experience, etc.) _____

4. WORK TO BE COMPLETED

a) Type and amount of reading, writing, laboratory work, etc. _____

b) Estimated contact hours per week with instructor _____

c) Deadline for submitting work for final evaluation _____

d) Evaluation procedure _____

Signature of Student

Date

Signature of Independent Study Supervisor

Date

Submit signed form to the CDO Department Administrative Secretary, Health Professions Building 2159