



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.