INDEPENDENT STUDY

This form must accompany the registration card at the time of registration

Student Name__________________________ Date________________________

Semester/Year______ Credits_____ Independent Study Title________________________

Instructor__________________________ Department__________________________ Advisor__________________________

(Please use the reverse side of this page if needed.)

1. Describe the nature and purpose of the independent study, including an outline of the method of approach. A basic bibliography should be included and the means of evaluation stated.

Student Signature Date Instructor Signature Date

Advisor Signature Date Academic Dean Signature Date