



E A R L H A M
SCHOOL *of* RELIGION

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