

A&S Graduate Application for Independent Study/Research

Note: Refer to the Graduate Catalog and your Director of Graduate Study to see if you are eligible to enroll in an independent study course.

Student Name: _____ School: A&S, Grad

ID # _____ Dept and Course # _____ Credit hrs _____

Year _____

Term: Fall ___ Spring ___ Summer I ___ Summer II ___ Summer III ___ All summer _____

Plan of Work, including a description of the project:

Course Title, supplied by instructor:

_____ [maximum 30 characters]

Signature of student/date

Print name of instructor supervising work

Signature of instructor

Instructor's ID #

Prerequisites met _____ waived _____ (initials of chair or Director of Graduate Study)

Approval of Director of Graduate Study

Approval of Department Chair

Approval of Dean/date