

Student _____ School of Enrollment A&S

Student ID# _____ Dept/Course _____ Credit hours _____

Independent Study Internship Research Undergraduate Graduate

Semester or Term: _____ Year: _____

Plan of work, including a description of the project and how the student will be evaluated:

Site supervisor name: _____ Site name/location: _____ Projected start date (optional): _____

Site supervisor phone #: _____ Site supervisor email: _____ Site supervisor address: _____

Course Title (limited to 30 total characters)

Signatures

| | | |
|--|--|-----------------------------------|
| Student | | |
| Instructor | | Instructor's Printed Name and ID# |
| Undergraduate/ Graduate Advisor | | Prerequisites: met waived |
| Department Chair | | |
| Dean's Office | | |

Please forward this form with a copy of a current resume and unofficial transcript.