

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)
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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.