Independent Research (COMM 442) Application

Name: _________________________________________________ UMID #: _______________________

UM Email: ______________________________________________ Proposed # Credits: ____ 3 ____ 4

Note: Only 3 credits may be used to satisfy concentration requirements. Remaining credits may be used toward general bachelor’s degree requirements

Academic Level: ____ Senior ____ Junior Term/Year: ______________________________

Supervising Faculty Member: ______________________________________________________________

Faculty INDI # (Completed by the Department): ________________________________________________

Objective of the Project: ___________________________________________________________________

Previous Courses Relevant to the Project (in any department): _____________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Description of Proposed Workload and Assignments: Attach a written project proposal. This must be negotiated with your faculty supervisor and may include research papers and/or examinations. The length and quality of the product should be equivalent to the work expected for a regular 400 level course carrying equal credit, i.e. a final paper equivalent to 5-10 pages of writing per credit hour.

Potential Scholarly Products: ________________________________________________________________

Date Materials are Due: ________________________________________________________________

Expected Level of Student Effort per Week: __________________________________________________

Proposed Meeting Schedule: _______________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Agreement to Initiate Independent Research Course

Student Signature: _________________________________________________ Date:__________________

Faculty Supervisor Signature: ________________________________________ Date:__________________

Department Chair’s Signature:________________________________________ Date:__________________