



Independent Study Form

Student Name _____

Campus Student I.D. _____ Email Address _____

Local Address _____ Phone Number _____

Independent Study Project Title _____

Term _____ Course No _____ Section No. _____ Credit Hours _____

Faculty Supervisor _____

1. Please attach the following two items to this form:

- a. a paragraph describing the purpose and general plan of study for the proposed course
- b. a schedule of required reading and writing assignments

2. Please list your weekly schedule for meeting with your faculty supervisor:

3. Please list previous DAAS courses that you have taken:

4. Please list previous courses that relate to your proposed independent study:

5. Please list the courses that you are taking this term and the total credit hours of those courses:

6. Please give a copy of this form and the attached materials to the following two people: 1) DAAS's Director of Undergraduate Studies, and 2) your faculty supervisor.

7. If DAAS's Director of Undergraduate/Graduate Studies and your faculty supervisor approve your plan of study, please ask them to add their signatures to your copy of this form:

Signature of Director of Undergraduate/Graduate Studies

Signature of Faculty Supervisor

8. After you have obtained both signatures, please submit this form to the DAAS Student Services Coordinator in 4719 Haven Hall. The Coordinator will issue an electronic override to allow you to enroll in the independent study within 48 hours.

Date Submitted to DAAS office

Date electronic override was issued