Name:__________________________________________________________

UM ID:__________________________ Email: _______________________________

Phone:__________________________ Date: ________________________________

Number of academic credits you would like to register for (may elect 1-4) _______
(Please note: OS 499 does not count toward OS major requirements)

What Academic Term would you like to REGISTER for your Independent Study project?

Fall ____ Winter ____ Spring ____ Summer _____

What Term will you be working on the Independent Study Project, if different than above?

Fall ____ Winter ____ Spring ____ Summer _____

What courses will you take concurrently with this project?

Will this Independent Study project be connected to an internship? (Please see information related to internships and independent study)

_____ Yes  ____ No

Please see other side…

For Office Use Only:

Approved by Organizational Studies Director:
__________________________________________________ Date:____________

Date of Permission ________________ INDI number assigned __________

Expiration date of Permission __________
1. Briefly (2-3 pages) describe the Independent Study Project you propose to complete, and submit a copy of your proposal with this form.

2. Briefly describe the hours per week that you will spend working on the Independent Study Project (rough guideline: 3 hours per week per academic credit):

3. Briefly describe the reading assignments you will complete for this Independent Study Project (rough guideline: 30 pages per academic credit):

4. Briefly describe the written work that you will complete for this Independent Study Project: (rough guideline: 5 pages per academic credit)

Please also note that over the course of the term, the faculty supervisor and the student should hold face-to-face meetings for at least 3 hours per credit hour enrolled.

For the Student:

I agree that I will perform the work outlined in this proposal.

Student Signature: _____________________________________________________________

For the Independent Study Faculty Mentor:

I agree that the work outlined in this proposal meets the requirements for an Independent Study in Organizational Studies, and that I will supervise and evaluate the work proposed here:

Independent Study Faculty Mentor Signature: _______________________________________

Faculty Mentor Name (printed): _________________________________________________

Faculty Mentor Department(s): ________________________________________________