

INDEPENDENT STUDY FORM

Student Name: _____

Semester (indicate year): Fall _____ Spring _____ Summer _____

Title of Independent Study: _____

Grading Scheme: Letter: _____ *or* S/U: _____

Credit Hours: _____

Brief Description of Independent Study:

Student Name: _____
(Printed name, signature, date)

Faculty Member Supervising Independent Study: _____
(Printed name, signature, date)

Director of Graduate Affairs Committee Approval: _____
(Printed name, signature, date)