PROPOSAL FOR UNDERGRADUATE INDEPENDENT STUDY

School/Department: ______________________________

Student: ____________________________  ID Number: _____________  Phone Number: _______________

(Please Print)

Student Cumulative GPA: ______________   Total Credit Hours Completed: ________________

Major and Concentration (if any): ____________________________ Email: ___________________________

An Independent Study may be taken on a Pass-Fail basis or for a letter grade. Students may not apply more than six hours of credit for Independent Study toward graduation requirements.

The student must attach a 150-500 word typed proposal for the study/project. The proposal should thoroughly address:

1. **Course Goals and Objectives:** What specific knowledge do you hope to gain or skills do you hope to learn?
2. **Content of Proposed Course:** What topics will be addressed? From which sources will knowledge be gained? Attach a copy of your preliminary reading list, if applicable.
3. **Conduct of Proposed Course:** How often will you meet with the supervising professor? What type of work will you produce? If the course includes written assignments, describe them in detail.
4. **Course Evaluation:** How will your performance in the course be evaluated? How will you and the supervising professor determine if the course goals and objectives have been met?

Title of Independent Study: _________________________________________________________________

Brief Title (for Transcript): ________________________________________________________________

(Please print; observe 24-character limit)

Subject Prefix __________    Course Number _________

Semester Taking Independent Study:  Fall 20____   Spring 20____   Wintermester 20____

Summer 20____:  Maymester__  Sum I__   Sum II__  Sum III__  Augustmester __

Credit Hours: __________  A-F or Pass/Fail Grade? __________

By signing below, I attest that I have attached all required materials and understand the evaluation procedures for this Independent Study course.

_________________________________  __________________________ __________
Student Signature                                      Date

APPROVALS:

**Supervising Professor:**

Signature   Print Name   Date

**Student’s Academic Adviser:**

Signature   Print Name   Date

**Department/School Curriculum Committee Chair (if required by Department/School):**

Signature   Print Name   Date

**Chair/School Director:**

Signature   Print Name   Date

This form and the typed proposal are minimal requirements. Departments/schools may have additional forms. Completed independent study proposal forms (including all signatures) must be submitted to the Registrar’s Office prior to the deadline for adding courses in the term in which the study is to be undertaken. **Staff in the Registrar’s Office will enroll the student in the Independent Study course; i.e., the student need not take additional action to register for the course.**