APPLICATION FOR INDEPENDENT STUDY

The Independent Study Form MUST be filled out and signed by all parties BEFORE student registers for class.

**Part A:** (To be completed by student)

\* Have you taken any independent studies? \_\_ yes \_\_ no If so, how many? \_\_\_\_

Academic Year NAME (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

200\_\_\_-\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spring \_\_\_\_

Summer\_\_\_\_ Phone (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CWID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fall \_\_\_\_\_\_

 Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor of Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergraduate\_\_\_\_

Graduate \_\_\_\_ Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *PROJECT TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 (Attach Detailed statement of project goals & procedures)

 Proposed Course #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Credits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PART B:** (To be completed by Project Advisor)

Work to be submitted:

Schedule of deadlines for above:

Schedule of interviews:

Basis for grading:

Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_

(Student Signature)

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**PART C:** Approvals

Project Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_