**Independent Study Form**

 **(IST Department)**

Student Name: Click here to enter text.Course **#** Click here to enter text.

Student ID#: Click here to enter text. Program: Click here to enter text.

Title of Proposal: Click here to enter text.

Where is this course to be used in program of study? (If applicable): Click here to enter text.

(Ex: ANSA track, free elective, course replacement. If course replacement list course number.)

* No. of Credit Hours: Click here to enter text. Term: Fall [ ]  Intersession [ ]  Spring [ ]  Summer [ ]
1. **An overview of the study, including why the objectives cannot be satisfied with our offered courses:**

Click here to enter text.

**2. A list of educational outcomes and assessment methods:**

* Click here to enter text.
* Click here to enter text.
* Click here to enter text.

**3. A list of deliverables:**

* Click here to enter text.
* Click here to enter text.
* Click here to enter text.

**4. A timeline with progress benchmarks:**

 (To be filled out by the sponsoring faculty member)

Click here to enter text.

Faculty Sponsor’s Name: Click here to enter text.

Approved by faculty sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

Approved by Graduate coordinator (if applicable) Date

Approved by department chair Date

NOTE: Copies of this form will be distributed as follows: Faculty Sponsor, Student's Home Department, and Student.

**Course Number:**

Undergraduate Information Sciences and Technologies ………………………………………………..................ISTE-599

Graduate Information Sciences and Technologies …………………………………………………………………ISTE-799