

Course number:  
(to be filled out by office)

Ugrad ISTE-599- \_\_\_\_\_  
Grad ISTE-799- \_\_\_\_\_

## School of Information Independent Study

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Student:

UID:

Graduate  Undergraduate  Number of Credit Hours: 1  2  3

Term

Program:

Plan:

Course Proposal Title:

Where will this fit on your worksheet?  
(free elective, advanced elective, etc.)

***\*\*\*Only two Independent Studies are allowed towards your iSchool Degree\*\*\****

Overview of the study, including why the objectives cannot be satisfied with course offered:

A list of educational outcomes and assessment method:

A list of deliverables:

Timeline with progress benchmarks:

Academic Advisor Signature: \_\_\_\_\_

Faculty Sponsor signature: \_\_\_\_\_

Graduate Director (if applicable) signature: \_\_\_\_\_

School Director or UGD signature: \_\_\_\_\_