School of Information

 Course number:

(to be filled out by office)

Ugrad ISTE-599- \_\_\_\_\_\_

Grad ISTE-799- \_\_\_\_\_\_

Independent Study

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: \_\_\_\_\_\_\_\_\_\_\_\_