

Independent Research/Independent Study

This form must be computer printed. Hand written forms will be returned to students unprocessed. Please complete this form, print, obtain the relevant signatures, and turn in to the scheduling officer, Heidi Davis (CBT-1171), to be registered for the course.

UID Number	Date
Student Name	Phone
Major	Email
Course Number	Department
Title of Proposal	Faculty Sponsor

Credit Hours

Term Date

FALL

INTERSESSION

SPRING

SUMMER

MEDS-799 Independent Study – graduate level

ILLM-799 Independent Study – graduate level

HLTH-799 Independent Study – graduate level

WSHN-799 Independent Study – graduate level

1. Objective:

2. Description of proposal:

3. Method of Evaluation:

4.

Student Signature

Date

Faculty Sponsor Signature

Date

Vice Dean/Associate Dean Signature

Date