
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

Associate Dean Signature

Date