Application for Undergraduate and Graduate Independent Study
College of Liberal Arts

Department ________________________

Please circle semester for Independent Study:  Fall=80  Spring=30  Summer=40*  Year: __________

*Note: If Summer course, please circle the term:  A  B  or  C

Student’s Name: ____________________________  Student UID: U __ __ __ __ __ __

Phone Number: ____________________________  E-mail: ____________________________

Student Class Level: ____________________  Major: ____________________________  GPA: __________

Course Registration/Permission Information

Banner CRN: ___ ___ ___ ___  Subject: ___ ___ ___ Course Number: ___ ___ ___ Section: ___ ___ Credit Hours: ___ ___

If Writing Intensive, need Banner CRN: ___ ___ ___ ___  Subject: ___ ___ ___ Course Number: ___ ___ ___ W  Section: ___ ___

□ Entered into Banner SPAAPIN  □ Assigned to Faculty SIAASGN  (Note: If previously listed as Staff, use U00025995)

Project

Project Title: ____________________________________________________________________________

• Please provide a description of the subject, topic or problem to be investigated, methodology, number of meetings, etc.

• Attach a reading list and any additional, relevant material.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Basis For Evaluation  Description and weighting of graded assignments

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<th>Description</th>
<th>% of Grade</th>
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Student’s Signature ____________________________  Date ____________________________  U __ __ __ __ __ __

Instructor’s Signature ________________________________________________________________________

(Please print name)  Instructor UID __________  Date ____________________________

Department Chair’s Signature ____________________________  Date ____________________________

07/2012