

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

<u>Description</u>	<u>% of Grade</u>
_____	_____
_____	_____
_____	_____

Student's Signature Date

Instructor's Signature (Please print name) U _____ Instructor UID Date

Department Chair's Signature Date