Application for Undergraduate and Graduate Independent Study
College of Liberal Arts

Department____________________

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

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

Year: ______

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 __________

Instructor’s Signature ____________________________ (Please print name) Instructor UID U __ __ __ __ __ __ __ __ Date __________

Department Chair’s Signature ____________________________ Date __________