Application for Undergraduate and Graduate Independent Study College of Liberal Arts

DepartmentPlease circle semester for Independent					Year:
Student's Name:		•		A B or C	
Phone Number:					
Student Class Level:		- Major:			GPA:
Course Registration/Permission	<u>Information</u>				
Banner CRN: Su	ıbject:	Course Nun	nber:	Section:	Credit Hours:
If Writing Intensive, need Banner CR	N:	_ Subject:	Co	ourse Number:	W Section:
☐ Entered into Banner SPAAPIN	☐ Assigned to I	Faculty SIAASC	<u>iN</u> (Note	: If previously listed	as Staff, use U00025995)
Duoissat					
Project Title:					
Troject Title.					
Please provide a description of t Attach a reading list and any add			e investig	gated, methodology,	number of meetings, etc.
Basis For Evaluation Descripti	on and weighti	ng of graded a	ssignmei	nts	
<u>Description</u>	C		C	% of Grade	
Student's Signature	Date				
			U		
Instructor's Signature	(Please pr	rint name)	_	Instructor UID	Date
Department Chair's Signature	 Date				