

INDEPENDENT STUDY

STUDENT'S NAME		PEOPLESFT NO.		TERM	YEAR	ARE YOU ON ACADEMIC PROBATION? YES NO	
TOTAL CREDITS EARNED: (INCLUDING CURRENT TERM)		CREDITS EARNED IN MAJOR:		MAJOR:			
SUPERVISING FACULTY _____ DEPT. _____ _____ DEPT. _____				COURSE NO.	NO. OF CREDITS	GRADE OPTION LG S/N	
				TITLE OF PROJECT: _____			
				DATES: FROM: _____ TO: _____			
DESCRIPTION: (STUDENT SHOULD CONSULT WITH THE PROSPECTIVE SUPERVISING FACULTY MEMBER ANSWERING THE FOLLOWING QUESTIONS)							
1. PURPOSES OF PROJECT (WHAT YOU EXPECT TO LEARN):		2. PROCEDURE WHAT YOU WILL DO – e.g., WHAT BOOKS YOU WILL READ /WHAT EXPERIMENTS YOU WILL CONDUCT:		3. PRODUCT (WHAT TANGIBLE OR DEMONSTRABLE OUTCOMES, SUCH AS PAPERS OR REPORTS):			
4. TO THE SUPERVISING FACULTY PLEASE DESCRIBE THE EXTENT TO YOUR SUPERVISION OF THIS PROJECT, INCLUDING FREQUENCY OF MEETING AND THE METHOD OF EVALUATION:							
5. REQUIRED SIGNATURES: I HAVE READ THE ABOVE DESCRITPION OF THE INDEPENDENT STUDY PROJECT AND HEREBY AFFIRM MY AGREEMENT TO ITS TERMS.							
_____ STUDENT		_____ DEPARTMENT CHAIRPERSON/PROGRAM DIRECTOR					
_____ SUPERVISING FACULTY		_____ CGS ASSISTANT DEAN					