



Independent Study Form

Student's Name: _____

(Print Clearly)

(First, M.I., Last)

Class Year: _____

Major(s): _____

Minor(s): _____

Term: _____

(##/FA or ##/SP)

Course-Section #: _____

(ex. HIS-101)

Credit: _____

(1/2 or 1)

Course Title: _____

Rationale for Independent Study:

1. How will this Independent Study serve your personal, educational, and potential career goals?

2. How will the Independent Study be assessed? (Such as a portfolio of student work, reflective essay, etc.)

Supervising Faculty: _____

Print Name

Signature

Department Chair: _____

Print Name

Signature

Student Advisor: _____

Print Name

Signature

