

Student Name:		ID#:	Date:
Ins	structions:		
1.	Please print <u>clearly</u> .		
2.	The student will complete I Present this form to the fac	Part I. Culty member who will supe	rvise the Study.
3.			signed this form, the student will
4.	_	,	dy provided there are no 'holds'
<u>Par</u>	rt I: The Student		
1 . 0	Campus Mailbox or Local Address: _		
	City: _		Phone:
	rt II: The Course Fitle of Independent Study: (Limit: 2	9 characters and spaces)	
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3. 4. 5.	Fall 20Winter 20 Spring Number of credits: (l Department: Cou Instructor who will evaluate this St Specify the objectives of this Study	Up to 3 credits per session) rse Number: Either 294 udy:	or 494
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	e instructor will evaluate the Study based upor Performance of the following:			
b. The number of contact hours per week (specify):				
C.	A final written evaluation of the Study by the student at the conclusion of the work. Indicate the form to be used.			
d.	The following specific assignments (such as written work, a journal, presentation or consultations with the instructor):			
Will	this Study be marked Pass/Fail? Y N If marked Pass/Fail, it will not count toward major or minor requirements.			
	Note for students using the catalogs prior to requirement for independent work, it must be	2010-11: if this Study is to fulfill the core		
gna	atures:	For Office Use Only		
		Class Standing		
		Graduation Application		
	Student	GPA over 3.5		
		Term Credit Load		
		FWKL		
	Advisor	Holds Date Stamp:		
	Advisor	Holds		