

Independent Graduate Study/Course Form

Student Name: _____

ID# _____

SS# (last 4 digits) _____

Semester: _____ Year: _____

This course is an independent study: Please check one

____ 589 Independent Research Topic: _____

____ 689 Independent Research Topic: _____

____ 596 Curriculum Project Topic: _____

Course Code #: _____ Course Name: _____

The grade for the course will be submitted by:

(Print Faculty name) _____

Work to be completed by: (date) _____

Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____

Department Chair: _____ Date: _____

