

ARCADIA UNIVERSITY
Application for Undergraduate Independent Study

Term(indicate year): Fall_____ Spring_____ Summer_____

Student: _____
Last First MI

Major:_____ **Advisor:**_____

Department Sponsoring the Independent Study:_____

Title/Topic/Project:_____

Description of Independent Study:

Preliminary Bibliography and Principal Courses: (Use both if necessary)

Department Approval: (1) Full Approval____ Number of Credits____

(2) Proposal merits consideration____

(Full approval must be given by first day of classes; if not approved, student must change registration to another course.)

Signature of Dept. Chairperson

Faculty Committee Signatures:

Supervisor

Second Reader

Third Reader (Outside Department)