

## Independent Graduate Study/Course Form

Student Name: \_\_\_\_\_

Student ID# \_\_\_\_\_

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:

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(Print Faculty name)

Work to be completed by: (date) \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Dean: \_\_\_\_\_ Date: \_\_\_\_\_

College or School Dean: \_\_\_\_\_ Date: \_\_\_\_\_

