

Departmental Title of this Independent Study course : _____

Fill out the following information regarding the course (attach additional pages as necessary):

Course description:

Objectives:

SAMPLE

Required Reading: (if applicable)

Evaluation: Describe how the course will be graded (please include all relevant information such as required papers, exams, presentations, discussions, projects, deadlines, etc.).

Approval:

Student Signature _____

Date: _____

Instructor Signature _____

Date: _____

Advisor's Signature _____

Date: _____

Dept Head/Director _____

Date: _____