

Please print clearly:

SEMESTER: _____

YEAR: _____

CREDIT HOURS: _____

JagID: J00 _____

Last Name: _____

FIRST NAME: _____

Major (check): CSC HI ISC ITE Other: _____

General description of proposed study: _____

I request permission to take this directed, independent-study course as specified above and in the attached documents. I understand that it is my responsibility to consult promptly and frequently with my FACULTY MENTOR and to ensure that all necessary work is completed on time.

Date: _____

Student Signature: _____

As FACULTY MENTOR, I agree to direct this student's work as specified above, to evaluate the individual reports submitted, and to assign an appropriate grade at its conclusion for the specified number of credits.

Date: _____

Faculty Mentor Signature: _____

Please attach the following documents:

1. Detailed description of proposed study
2. Plan for completion of proposed study (include outcomes and anticipated dates for outcomes)
3. Any special requirements and agreements

Approvals:

Date: _____ Program Chair Signature: _____

Date Override Entered: _____