(Graduate Academic Advisor Approval Required)

Date: ____________________________

Semester: ____________________________

Student Name: ____________________________

Student ID: ____________________________

Student Signature: ____________________________

Instructor Name: ____________________________

Instructor Signature: ____________________________

- Is your Independent Study topic covered in the department’s regular curriculum?
  - Yes ______  No ______

Complete the following items in detail:

- Objective of the study

- Materials covered/Justification
- Course outline/milestones

- Outcome/assessment