



Graduate Independent Study
Graduate Studies

SECTION 1: Student Information

Name _____ MUID _____

Student's Graduate Program _____ Email _____

SECTION 2: Independent Study

Title of Independent Study _____

Rationale for Independent Study

[Empty text box for rationale]

Attach a syllabus or describe:

[] the content, objectives, activities of the course

[Empty text box for content description]

[] major assignments

[Empty text box for major assignments]

[] method of evaluating student's work

[Empty text box for evaluation method]

[] any other arrangements between the student and instructor for completion of course

[Empty text box for other arrangements]

Semester/Year of Enrollment in Independent Study Course _____

Intended Semester/Year of Completion of Independent Study Course _____

SECTION 3: Signatures

Please obtain all approval signatures below and submit this form (including attachments, if applicable) with your course registration form to the Registrar.

Student _____

Date _____

Instructor _____

Date _____

Chair _____

Date _____

Dean _____

Date _____

Registrar _____

Date _____