

INDEPENDENT STUDY FORM

Students interested in registering for any of the following courses must complete and return this form to:

Undergraduate - Ellen Leibowitz

07:700:493-494 Independent Study
07:700:495 Senior Honors Tutorial
07:701:499-499 Individual Study

Graduate – Robert Grohman

08:703:599-599 Independent Study
08:703:699-699 Independent Study
16:700:601-602 Independent Study

NAME _____ MAJOR _____

RUID _____ SEMESTER _____

COURSE NO. _____ INSTRUCTOR _____ CR. _____

STATE THE PURPOSE OF THE PROJECT:

I agree to work with and grade this student on the project stated above for the semester.

FACULTY NAME

(print) _____ **SIGNATURE** _____

DATE _____

IF YOUR PROJECT IS APPROVED, YOU WILL THEN NEED TO GET AN INDEX NUMBER AND SPECIAL PERMISSION NUMBER FROM MS. LEIBOWITZ or DR. GROHMAN. YOU ARE THEN RESPONSIBLE TO REGISTER FOR THE COURSE.