INDEPENDENT STUDY INFORMATION SHEET
(To be completed by student and faculty/staff supervisor)

Course Number and Section __________

Student Name: ___________________________                     SS#: _____________________

Faculty/Staff Supervisor: ________________________________

Descriptive Title of Independent Study

_________________________________________________________________________

Summarize below: (1) the central theme(s) of the study; (2) learning goals and/or expected outcomes of the study; (3) means of evaluating student progress and learning. Include where appropriate scheduled student/supervisor meeting dates, evaluation dates, and deadlines.

____________________________________   ________________________
Student Signature                        Date

____________________________________   ________________________
Supervisor Signature                     Date

The student and supervisor should maintain a copy of this form, with the original submitted to The Director of Graduate Studies.