Independent Study Form

Date: ________

GRSC 590 □ (for undergraduate students)
GRSC 790 □ (for MS students)
GRSC 910 □ (for PhD students)

Student name: _______________  Instructor name: ________________________

Year: ______  Semester:  Spring □  Summer □  Fall □

Proposed course (project) title: ________________________________

Credit hours:

Expected student learning outcomes:

1. 

2. 

3. 

4. 

5. 

Summary of accomplishments (attach separately to this form)

Final grade: