



For IDS office use only

Faculty member _____

CRN _____

Override Given? Y/N

Independent Study Proposal for Undergraduate Students

Date

Student Name (please print)

Social Security Number

Address, City, State, Zip

Daytime Phone

Evening Phone

E-mail Address

Supervising Faculty Member

Term

Credit Hours Requested (1-3)

Submitting your independent study prospectus

Prior to submitting this form, you must reach agreement with your supervising faculty member on your proposed independent study topic. A thorough and detailed prospectus must accompany this form. This prospectus must describe clearly and completely the following aspects of your study:

1. What is the objective of your study, and how does it relate to existing knowledge in the field?
2. What is your plan of study - include information on research methodology, i.e., do you plan to use quantitative or qualitative analysis, an existing survey instrument, review literature, etc.
3. Will your independent study project be evaluated on a research paper, project report, final examination, or an alternative method? Include detailed information on performance criteria.

After your supervising faculty member has approved your prospectus, return this form and the prospectus to IDS Office for Department Head approval.

Assignment of variable credit

You may apply for up to three (3) semester hours of credit for your independent study project. The amount of hours approved will depend upon the scope of your project. A three (3) hour independent study project should require the same amount of time and commitment as a three (3) semester hour course.

Approval

Please circulate this form and your prospectus (about 1-2 pages) to your supervising faculty member for approval *before* submitting to the IDS office.

Supervising Faculty Member _____ I Approve this Proposal.
 I have read the accompanying prospectus and I do not approve this Proposal.

Signature and Date _____

Department Head _____ I Approve this Proposal.
 I have read the accompanying prospectus and I do not approve this Proposal.

Signature and Date _____

Fax completed forms to: 312.413.0385