

## Independent or Directed Study Project Proposal

This form must be completed before enrollment in an independent study/project proposal course will be recognized. It must be returned to the Office of the Registrar prior to registration.

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

I plan on taking this course in the  FALL  SPRING  MAY  SUMMER of \_\_\_\_\_ (year).

(Information below to be completed by instructor. Attach a separate sheet if necessary.)

CRN	Department	Course#	# of Units	Supervising Instructor (print)
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Explanation why an Independent or Directed Study is necessary:

Description of the course content, include a timeline and the number of times you will meet with the student:

Description of the outcome required to be completed for credit :

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Supervising Instructor's Signature

\_\_\_\_\_  
Department Chair Signature \*if required in catalog

Registrar's Use Only:

copy to student

copy to instructor

Registration completed \_\_\_\_\_