Independent Study Course 4995/7995

(To be filed in addition to the Independent Study All-University Form)

Name: ___________________________ Date: ______________

MUID#: ___________ Major: ___________ Minor: ___________

4995/7995 Independent Study Title: _______________________________________

__________________________________________________________________________

__________________________________________________________________________

Total Number of Independent Study credits completed to date: __________

Number of Credits (current application): ______ Semester/Session and Year: ______

Count towards Major Course Requirement: □

Count towards Elective Course Requirement: □

Schedule of Meetings with Supervisor - Weekly, Bi-Weekly, Monthly, etc.:

__________________________________________________________________________

Description of the topic and its’ relationship to your academic goals and course of study:

__________________________________________________________________________

__________________________________________________________________________

Tangible Result of 4995/7995- Work to be graded by Supervisor:

__________________________________________________________________________

__________________________________________________________________________

Revised 05/’09