

INDEPENDENT STUDIES

Project Information

Name: _____ Date: _____

Student ID Number: _____ Semester Standing: _____

Local Address: _____ Phone # : (____) _____

Academic Area (circle one): FOR W F S W P Level (circle one): 296 496 596

Semester of Project: _____ Number of Credits: _____

Instructor: _____

Instructor's Office Address: _____ and Phone #: _____

Brief Description of Independent Studies Project:

Student's Signature

Instructor's Signature