



Independent Study Proposal

Student Information

NAME: _____

DU ID: _____

CLASS YEAR: _____

Course Information

COURSE TITLE:

(This title will appear on your transcript and is limited to 30 characters, including spaces.)

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SEMESTER AND YEAR _____

CREDITS (1-3): _____

INSTRUCTOR: _____

GRADE MODE: Standard Letter Pass/Fail

PROJECT TITLE:

(Provide the full title of your project or paper.)

PROJECT DESCRIPTION:

PROJECT DUE DATE

(no later than last day of exams in the term):

Signatures

STUDENT CONSENT:

DATE: _____

INSTRUCTOR APPROVAL:

DATE: _____

ACADEMIC DEAN APPROVAL:

DATE: _____

This signed proposal form should be submitted to the Office of Student Affairs no later than the end of the second week of classes.

Office Use Only

CRN _____

Date Registered _____