Independent Study Proposal

Student Information

NAME: ___________________________   DU ID: ___________________

CLASS YEAR: _____________

Course Information

COURSE TITLE: ___________________________  IND ___________  STD ___________

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

SEASON 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 ____________  Revised 9/18/2014