

## Request for Permission to Enroll in Out-of-College Independent Study

Student's Name				
Student's Net ID				
Class	·	Term	Year	
	Indergraduates requesting tments of the University m	•	gister in independent studies in other lowing information:	
Department and Course Number				
Title o	of Study or Project			
Unde	r Direction of Professor _			
Numb	per of Credits			
1.	Purpose of Study			
2.	Methods of research or s	study (e.g., field w	ork, library research, interviewing):	
3.	Basic Bibliography: (may	be attached)		
J.				

4.	Number and nature of expected faculty contacts throughout the term (e.g., weekly meetings, report sessions on readings, occasional consultation only, etc.):
5.	Basis for grading (e.g., term paper, quizzes, oral examinations, written examination):
Date	
Stude	nt Signature
Profes	ssor Signature
This r	equest, with the approval of the faculty member who has indicated his/her

This request, with the approval of the faculty member who has indicated his/her willingness to direct the project, must be submitted to the Office of Student Services 101 lves Hall no later than the last day of the add period of the semester the study will take place.