Department of Speech, Language, and Hearing Sciences
Independent Study Proposal Form

Please complete this form and obtain signatures of approval BEFORE registering. Return the form to the main office of the department that is administering the independent study. This form is for department records and is used to assign a grade at the end of the semester. Please take this completed form and a completed Registration/Change of Schedule Form to Raini in Gould-Simpson, Room 1017.

Reminder: The last day to register for courses without a $250 late charge in the Fall/Spring Semesters is the 21st day after the first day of classes; for Winter/Summer Sessions ($50 late charge) register by the day before the last day to drop with deletion from the record.

Student Name__________________Student ID#_________________

Student Phone #__________________Student E-mail ____________________________

Course Number (circle one): 199 199H 299 299H 399 399H 499 499H 599 699 799

Other________________________

Number of Units _________ [Note: Students are expected to spend three hours per week on this project for each unit of credit.]

Semester: Fall Spring Summer I Summer II Year________

Project Advisor________________________________________________________

Home Department of the Project Advisor____________________________________

Title of Project__________________________________________________________

Estimated hours per week Student will spend on project_____________________

Estimated Project Advisor/Student contact hours per week_____________________

Brief description of project, including anticipated product (see policy #5): (syllabus or project plan may be attached)
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

REQUIRED SIGNATURES:

STUDENT______________________________________ DATE________

PROJECT ADVISOR________________________________ DATE________