TO BE COMPLETED BY INSTRUCTOR
PLEASE TYPE OR PRINT

STUDENT: ____________________________________________ PID: ____________________________

INSTRUCTOR / SUPERVISOR OF INDEPENDENT STUDY: ________________________________________

TITLE OF INDEPENDENT STUDY: ______________________________________________________________

COURSE INFORMATION
CIRCLE:
REGISTRATION TERM / YEAR: FALL SPRING SUMMER 200______

COURSE PREFIX: THE COURSE NUMBER: 3905—INDEPENDENT STUDY 4912—UNDERGRADUATE RESEARCH

CREDIT HOURS: 1 Credit 2 Credits 3 Credits

NOTE: If student is in rehearsal or production for this credit use the following guidelines to determine appropriate credit. These guidelines do not apply to other forms of independent study.

1 CREDIT: Student required to work a maximum of six hours per week during the semester enrolled
2 CREDITS: Student required to work a maximum of twelve hours per week during the semester enrolled
3 CREDITS: Student required to work a maximum of sixteen hour per week during the semester enrolled

ASSIGNMENT / EXPECTATIONS
AN ATTACHED SYLLABUS IS HIGHLY RECOMMENDED. Attach one to this form and one to the University Form.

STUDENT WILL MEET WITH INSTRUCTOR _____ TIMES PER WEEK FOR _____ HOURS PER SESSION.

THE STUDENT WILL:________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

GRADING CRITERIA
GRADE WILL BE ASSIGNED UPON COMPLETION OF THIS ASSIGNMENT ACCORDING TO
THE FOLLOWING:** THE TOTAL OF THIS COLUMN MUST EQUAL 100%

% ASSIGNMENT #1
% ASSIGNMENT #2
% ASSIGNMENT #3
% ASSIGNMENT #4
% PROFESSIONALISM / ATTITUDE
% PUNCTUALITY
% JOURNAL
% FINAL EVALUATION
% OTHER
% OTHER

I UNDERSTAND AND AGREE TO THE TERMS OF THIS INDEPENDENT STUDY ASSIGNMENT AND ITS GUIDELINES.

_____________________________ _____/_____/______ ______________________________ _____/_____/______
STUDENT SIGNATURE DATE INSTRUCTOR SIGNATURE DATE

_____________________________ _____/_____/______ ______________________________ _____/_____/______
ADVISOR SIGNATURE DATE AREA COORDINATOR SIGNATURE DATE

_____________________________ _____/_____/______
UNDERGRAD. COORDINATOR SIGNATURE DATE