

## Individual Study

*(To be completed by the student and supervising faculty member)*

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Student Email Address: \_\_\_\_\_ Major: \_\_\_\_\_

Supervising Instructor: \_\_\_\_\_

Course Title/Topic: \_\_\_\_\_

Credit Hours: \_\_\_\_\_ Term: \_\_\_\_\_

Expected Student Learning Outcomes/Objectives:

Grading/Evaluation Criteria:

Assignments (readings, description of assignments, etc.):

Brief Description (including planned meeting days/times):

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Chair for Undergraduate Programs Signature

\_\_\_\_\_  
Date

Internal Form Processing CRN: \_\_\_\_\_ Authorization