SCHOOL OF HUMANITIES
Review and Approval Form for
Independent Study Courses

(Please type or print legibly)

Department and Catalog Number: ________________________________

Title: _________________________________________________________

Level: Undergraduate ____ Graduate ____

Credit: ____ semester hours

Faculty Member: ________________________________________________

Student: _______________________________________________________

To Be Offered: ___________ Semester, 200_

Description of Project, Research, or Reading Assignments, or attach a plan of study or syllabus to this form.

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The course plan or assignments as outlined above, or attached hereto, has/have been discussed and agreed to by both parties as the work which must be successfully completed to receive course credit.

______________________________  _______________________
Faculty Member's signature        Date

______________________________  _______________________
Student's signature               Date

APPROVALS

Dept. Chair: _____________________  _______________________

Send a copy of this completed form to the Office of the Dean of Humanities