Independent Study Proposal

This proposal is to be completed by the student, approved by the instructor and returned to the SMTD Registrar. A proposal is required for each independent study course election. Information indicating the course election, including subject, course number, section number, and credit hours MUST be completed below.

Name: ________________________________  UMID#: ___________________

Degree Program/Major: ________________________________________________

Term: ___________ Year: ___________ Instructor: _______________________

Subject: ________________  Course Number (3 digit): ________ Credits: _________

Learning Objective:

Methods and Resources to be Used:

Results to be Evaluated (written work, research, performance, etc.):

Student’s Signature ___________________________ Date ____________________

Approved Instructor’s Signature ___________________________ Date ____________

Please return completed form to SMTD Registrar (Deedee Ulintz) in room 2270 Moore Building