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