MFA INDEPENDENT STUDY PROPOSAL

This form must be accompanied by a **1,000 word proposal** detailing the **proposed project** and **justifying the number of credit hours** requested. Forty-two hours of work equals one credit when computing the number of credit hours elected. After your Instructor has reviewed and signed-off the proposal, it must be presented to your Year Advisor for approval. The completed and approved MFA Independent Study Form serves as an override request and must be submitted to the Department Administrator. Separate and project-specific proposals are required for each Independent Study course election.

STUDENT: ___________________________________________________________ UMID: ____________

Term(s): _______________ Year _______________

Dept: _______________ Course #: _______________

Credit Hours: _______________ Course Title: _____________________________________________

**Rationale for requested number of credit hours and duration of project**

Learning objectives:

____________________________________________________________________________________

____________________________________________________________________________________

Methods and resources to be used:

____________________________________________________________________________________

____________________________________________________________________________________

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Student signature/DATE: ___________________________ / _____________________________

Instructor name (printed): __________________________________________________________

Instructor signature/DATE: ___________________________ / _____________________________

Year Advisor name (printed): _________________________________________________________

Year Advisor signature/DATE: ___________________________ / _____________________________