



PUBH 5990 Independent Study Proposal – 3 credits

Semester proposed:

Student Name:

E Number:

Student email:

Faculty Supervisor:

Faculty email:

PROJECT TITLE:

PROJECT DUE DATE:

A project must be attached to this form. The project outline must include a description of the project, timeline, and grading elements.

AGREEMENT AND APPROVAL

I understand that I must satisfactorily meet my objectives and complete all courses requirements by the date listed on this form to receive credit for this course. I agree that the project outline attached to this form constitutes my contract with my faculty supervisor and I must meet all requirements listed in the Independent Study Proposal.

Student Signature: _____ Date: _____

I approve this independent study course based upon the attached outline.

Faculty Supervisor Signature: _____ Date: _____

Graduate Coordinator: _____ Date: _____

Department Chair: _____ Date: _____