

Graduate Individual Study & Project Form

(To be completed by the student and supervising faculty member)

Student Name: _____

Student ID #: _____ Student Email Address: _____

Supervising Instructor: _____

Department: _____

Course Title/Topic: _____

Credit Hours: _____ Term: _____

How will this course apply to your plan of study?

_____ Course substitution for _____ or _____ Elective

Expected Student Learning Outcomes/Objectives:

Grading/Evaluation Criteria:

Assignments (readings, description of assignments, etc.):

Student Signature

Date

Supervising Instructor Signature

Date

CC: Graduate Program Director
Department File