

SCS INDEPENDENT STUDY PROSPECTUS
Courses 15-591 through 15-594

Name: _____

ANDREW ID: _____

Title of Project: _____

Units Proposed (filled in by student): _____

Project/Study Advisor: _____

Project/Study Advisor Signature: _____

Today's Date: _____ Semester to be Enrolled: _____

You are not permitted to receive credit AND be paid for the same work.

Goals:

Work to be completed:

(attach separate sheet if necessary)

There will be an oral presentation required of all Independent Study students at an end of semester poster session held on Reading Day during finals.

(SCS-wide each Fall and at the Meeting of the Minds in the Spring)

Course #: _____

SCS Approval: _____

Date: _____

Return to SCS Assistant Dean's Office, Gates Center 4115