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