Graduate Independent Study Template
(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

This form does not apply to Thesis or Dissertation research. Departments are free to use their own form, if they prefer. However, the form and syllabus must be filed with the department before the IS begins.

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