HONORS INDEPENDENT STUDY APPROVAL FORM

Name _________________________ Major _____________________ Class ____________

Major GPA ______ Cum. GPA ________

Local Address (Box No.) ______________________ Local Phone ____________________

Term: _______ Jan. ___ Fall ___ Spring ___ Summer _____ Year ___________

Type: _______ Departmental (Graded): Course No. ____________________

Independent Study Title ______________________________________________________

Number of hours to be spent on this independent study? _______ (100 hours minimum required)

Detailed Outline of Independent Study (description of paper, project, research, etc.) _________

Research Methodology (How will project be carried out? Attach preliminary bibliography of
materials to be studied, if applicable.)

If this Independent Study is to be completed off-campus (January Self-Directed only), give
location and reasons.

________________________________________________________

Faculty Sponsor Date Department Chair Date

If you will be living off-campus, please give your address and phone number:

Street City State & Zip Phone

IMPORTANT: The deadline for submission of completed Independent Study Final Approval and
Release (if you are living off-campus) forms for January independent studies is one week before
the last day of Fall classes.