

**DEPARTMENT OF CURRICULUM & INSTRUCTION**  
**APPROVAL FOR INDEPENDENT STUDY**

Student's Name: \_\_\_\_\_

Course:		<u>Undergraduate</u>		<u>Graduate</u>
	Prior to Fall 2004	C&I 249 _____	Hours	C&I 449 _____ Units
	Fall 2004 and later	CI 395 _____	Hours	CI 595 _____ Hours
Semester:	Fall	Spring	Summer	Year: _____

List all previous Independent Study Courses, including hours received, instructor and date taken.

Describe the activity to be covered in this Independent Study. Be as specific as possible. *(Use a second sheet, if necessary.)*

Required written work:

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Call Number: \_\_\_\_\_

Departmental Approval: \_\_\_\_\_ Date: \_\_\_\_\_