

DEPARTMENT OF SOCIOLOGY

INDEPENDENT STUDY REQUEST FORM

Student Name _____ Date _____

1. List the Independent Study courses you have previously taken:

Course Name & Number	Name of the Instructor	Semester/Yr	Grade
_____	_____	_____	_____
_____	_____	_____	_____

2. If you've taken two such courses, you can no longer take them for required credits.

3. Otherwise, provide the following information for the one you would like to take:

Course Name & Number	Name of the Instructor	Semester/Yr
_____	_____	_____

Describe details of the study (attach a separate sheet if needed):

Purpose:

Reading List:

Frequency of Meetings:

Expected Accomplishments:

Grading Method:

(Letter grade is required if credits are to be counted toward the degree)

Student Signature & Date

Instructor Signature & Date

Graduate Chair Signature & Date