

INDEPENDENT STUDY APPROVAL FORM

STUDENT INFORMATION		
Student's Name: <u>Last</u>		<u>First</u>
NSHE ID:	Phone: (C): (H):	Rebelmail:
Est. Graduation Semester:		Degree:

Term & Year: _____	Section #: (provided by office manager): _____
Select course: (Check a box)	
<input type="checkbox"/> AAS 499 <input type="checkbox"/> AIS 499 <input type="checkbox"/> LAS 499	<input type="checkbox"/> WMST 499 <input type="checkbox"/> WMST 799 <input type="checkbox"/> IDS 491 <input type="checkbox"/> IDS 495B
Description of study: include a description of proposed project and area of study (list or attach bibliography or significant primary and secondary sources), and statement of how the student's progress is to be evaluated (oral or written exam, papers, etc.):	

<u>Print below</u>		<u>Sign below</u>
Student	Student	Date
Director	Director	Date
Instructor	Instructor	Date
Dept. Chair	Dept. Chair	Date

RETURN COMPLETED FORM TO CBC B-422