Ph.D. Independent Study in Political Science (1 of 2 pages)

PLEASE COMPLETELY READ AND FOLLOW THESE INSTRUCTIONS AND FILL OUT ALL SECTIONS OF THE ATTACHED FORM.
YOU WILL THEN RECEIVE PERMISSION FOR ENROLLMENT.

PSC 792
Ph.D. Independent Study in Political Science (1-3 credits)

Program of independent reading and research in political science for Ph.D. students, to be selected in consultation with an instructor before registration. May be repeated to a maximum of six credits with consent of instructor.

Political Science Department Ph.D. Independent Study form must be completed by the student and instructor of study and the graduate coordinator (bring form to the main office, WRI B227, for the graduate coordinator signature) within the normal registration period before permission is provided for enrollment. A copy of this signed form must be submitted to the student, instructor of study, and the department office.

Independent Study students must submit copies of all necessary work to the instructor no later than one week prior to the completion of the semester:

1 credit of study = 60 hours
2 credits of study = 120 hours
3 credits of study = 180 hours
Student’s Name: ______________________________________________________________

Date: ________ NSHE ID: ________________ Telephone No: ______________________

Cell Phone: ____________________ E-Mail: ________________________________

Degree Program: _______________________________ □ Admitted □ Non-Admitted

SEMESTER    Spring □    Summer □    Fall □  20___

CREDITS: _______ HOURS: _______

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The following is the necessary work to be completed (i.e., books to read, term papers, critiques, etc.). You must submit copies of all work to the instructor no later than one week prior to the completion of the semester:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

SIGNATURES:  Must be signed before permission is provided for enrollment

Date: ___________ Student: __________________________________________________________

Date: ___________ Instructor: _______________________________________________________

Date: ___________ Graduate Coordinator: _____________________________________________

Copies: Department Office; Instructor; Student