INDEPENDENT STUDY APPROVAL FORM
UNIVERSITY OF NEVADA, LAS VEGAS
SCHOOL OF SOCIAL WORK
MSW PROGRAM

COURSE#: ___________ COURSE TITLE: __________________________

INSTRUCTOR____________________ GPA: ________________

DATE: ___________ SEMESTER/YEAR: _________ CREDITS: ______

STUDENT NAME: ________________ ID#: __________________

ADDRESS: _________________________________________________

PHONE (home) (___) __________ PHONE (work) (___) __________

Rebel Mail or Preferred Email Address __________________________

ALL WRITTEN WORK AND EVALUATIONS MUST BE TURNED 
IN BY: __________

DESCRIPTION: The description of the proposed project, area of study, etc. 
must be provided below or attached, including the strategy for evaluation, i.e., 
paper, project, or other final product.

Approvals:

________________________________________  __________________________
Student                                      Course Instructor

________________________________________
MSW Coordinator