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