

UNDERGRADUATE INDEPENDENT STUDY OR INTERNSHIP REQUEST FORM

Assigned Course #:	Term:	CLSS Submitted:
Permission #:	Student Notified:	
ADMIN BOX; DO NOT COMPLETE		

To the student: Please consult with your instructor / supervising faculty mentor about course title, description, requirements and expectations. This form must be approved and signed by the instructor, supervising faculty mentor (if different from instructor), and the Director of Undergraduate Studies or Certificate Program Director. Then it should be submitted as a PDF file via email to the Director of Undergraduate Studies Assistant **by noon on the last day of the registration period.** **Late forms will not be considered.**

Student Name: _____ Date: _____
 Email: _____ Unique ID: _____
 Graduation Term/Year: _____ Graduation with Distinction: Yes No
(GWD application deadline is the end of registration for Spring term of junior year)

Program:

Study Term / Year:

Type of Study: Independent Study Internship Research Independent Study

Subject: ARTHIST ARTSVIS CINE CMAC ISS VMS

Independent Study Level: 200 300 400 500

Title of Independent Study
or Internship:

(Title to be listed on transcript; *limit 30 characters, including spaces*)

Instructor:

Instructor Affiliation:

Supervising Faculty Mentor (If different from Instructor):

Supervising Faculty Mentor Affiliation:

On the following page (or attached sheet), please provide the following information:

1. Title and Description of Proposed Study/Internship:

Provide a one to two paragraph description of the proposed study/internship, including topic, course goals, research/readings to be conducted. (The instructor and/or department or program may require a more detailed proposal, including a list of sources and bibliography, a rationale for independent study as opposed to regular course work, etc.)

2. Nature of the Final Product:

Describe the nature and length of the final product (e.g. academic paper, artistic product, research report, etc.)

3. Scheduled Meetings and Work Expectations:

Provide information on frequency and length of meetings with instructor, and expected work commitments and/or timetables:

4. Grade to be based on:

Provide information on how your work in the course is to be evaluated.

Description of Independent Study/Internship; Final Product; Scheduled Meetings and Work Expectations; Grade Basis continued:

*****DO NOT USE A SIGNATURE APPLICATION, USE 'ADD IMAGE' OR TYPE SIGNATURE AND SAVE*****

Signature of Student

Date

Approval Signatures: Typed signatures are acceptable.

Instructor (print)

Signature

Date

Supervising Faculty Mentor (print)
(Required if different from Instructor)

Signature

Date

Director of Undergraduate Studies (print)

Signature

Date