

FULTON SCHOOL OF LIBERAL ARTS

Independent Study Approval Form

Semester

Faculty Mentor (*print*)

Student name (*print*)

Course Number and Section

Student ID number

Credits

As Department Chair, I certify

- I have reviewed the student work plan for this course and certify it meets COMAR and credit hour requirements.
- I agree to the student work plan credit hours.
- I approve the student work plan for this course.
- I will retain the work plan in the department files.
- Registration forms (add slips, overload forms, etc.) are attached to, OR
- The student is already registered for course (No add slip attached).

Department Chair (*print*)

Date

Department Chair (*signature*)

Date

Department of Theatre and Dance

Independent Study Proposal Form

Student Information	
Name	
Semester and Year	
Number of Credit Hours	
GullNet ID	
GroupWise Email Address	
Phone Number	

Student (*signature*)

Date

Independent Study Proposal	
Topic	
Title	
Brief Description	
Requirements <i>List and describe all assignments, and include a percentage value for each.</i>	

Outline

Provide a calendar outline and list all assignment due dates. For semester begin and end dates, go to

Faculty Supervisor (*signature*)

Date

Department Chair (*signature*)

Date

Permission Number

Date