



INDEPENDENT STUDY/INDEPENDENT EXPERIENCE PROPOSAL

Last Name: _____ First Name: _____ Middle Initial: _____

UID: _____ Session: Fall Spring Summer Year: _____

Department: _____ Course Number: _____ Semester Hours: _____

Independent Study Research Project Honors Project Teaching Internship

Subject Title: _____

Instructor's Name (print): _____

Independent Study/Independent Experience Description:

Objectives:

Student Requirements (Meetings/Readings/Expectations):

Evaluation Process:

(Student) (Date) (Faculty Supervisor) (Date)

(Advisor) (Date) (Department Chair/School Director) (Date)

Please return the completed form, with required signatures, to the University Registrars' Office, Moulton Hall, Room 107. Some Departments forward the form to us. Please check with the Department to determine whether you or the Department is responsible for returning it. If you have any questions, please call the Records Office at (309) 438-2198.

NOTE: You may attach additional pages as required by the Department.