



UNDERGRADUATE APPLICATION FOR OR INDEPENDENT STUDY (499)

PRIOR to class reservation: Complete this form and obtain signatures of approval.

Name: _____ ID #: _____

Address: _____
Street City State Zip

Telephone #: _____ Proposed date of Graduation: _____

Major: _____ Minor: _____

DEPARTMENT OR PROGRAM: _____

PROJECT TITLE: _____

NUMBER OF UNITS (usually 1, 2, or 3 units): _____

To be completed during: Semester: _____ Year: _____

Description of Proposed Study:

Description of materials, resources, and methods to be employed:

Brief Syllabus:

Method of Evaluation (to be completed by Faculty Supervisor):

Conference Dates (if appropriate) 1. _____ 2. _____ 3. _____ 4. _____

Approved: _____ Denied: _____ / _____ / _____
Faculty Supervisor Signature Print Name Date

Approved: _____ Denied: _____ / _____
Department Chair/Graduate Program Director Signature Date

Approved: _____ Denied: _____ / _____
Dean Date

Late Add Approval _____ Dean's Initial Overload Approval _____ Dean's Initial

Course Subject & # _____ CRN _____ Credits _____