



**GRADUATE APPLICATION FOR RESEARCH
OR INDEPENDENT STUDY (599/699)**

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

Name: _____ I.D. # _____

Address: _____
Number and street city state zip

Local Telephone No: _____ Proposed date of Graduation: _____

Major: _____ Minor: _____

DEPARTMENT OR PROGRAM: _____

PROJECT TITLE: _____

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

To be completed during (check one): Interession Spring Summer Fall 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 (Please print and sign your name) Date

Approved: _____

Denied: _____

Department Chair/Graduate Program Director Date

Approved: _____

Denied: _____

Dean Date