DEPARTMENT OF COMMUNICATION STUDIES
AUTHORIZATION FOR INDEPENDENT STUDY

( ) Undergraduate Independent Study **36:100/Sec. _____**

( ) Graduate Independent Study **36:299/Sec. _____**

_____ _____ _____
First & Last Name UID# Semester/Year

Description of Study: _____

_____

_____

_____

_____

Purpose of Study: _____

_____

Rationale for independent study rather than scheduled course: _____

_____

_____

Methodology to be employed: _____

_____

_____

Sources of data: _____

_____

_____

Number of credits: _____ Expected date of completion: _____

I understand that the information detailed above constitutes a requirement that needs to be completed in order to receive credit for this independent study.

_____ _____
Student's Signature Date

Independent Study must be approved by the following:

_____ _____
Instructor's Signature Date

_____ _____
Advisor's Signature Date

_____ _____
Department Executive Officer (DEO) Signature Date