



Inworks Independent Study Proposal Form

Choose One:

- IWKS 4970 / IWKS 5970

Independent study provides the opportunity for a student to work closely with a faculty member on a project of mutual interest. This form must be completed by the student and faculty member prior to submission to the Inworks Director or Associate Director for approval.

Date: _____

Term (e.g., Fall 2015): _____

Name of student: _____

Student Number: _____

School/College: _____

Major: _____

Second Majors (if any): _____

Minor(s) (if any): _____

Name of Supervising Faculty Member: _____

Goal(s) of this Independent Study:

How the Student's Work Will Be Evaluated:

Number of Credit Hours (1-4): _____

Independent Study Student:

By signing below, you indicate that you have read and understand the requirements set forth in this Independent Study proposal, and that you consent to complete the proposed Independent Study. In addition, you declare that you are (1) not receiving payment for conducting work in this study and (2) not receiving credit towards another course for work conducted in this study.

Signature of Student

Date

Name of Student (Printed)

Student ID #

Supervising Faculty Member:

By signing below, you consent to supervise and evaluate this student in the proposed Independent Study.

Signature of Supervising Faculty Member

Date

Name of Supervising Faculty Member (Printed)

Approved:

Inworks Director or Associate Director

Date

To Be Completed by the Students Home Department (if applicable):

This course is approved for (degree credit / elective credit) (*choose one*) for:

Name of Degree Program

Course Number (if applicable)

Authorizing Signature

Date

Printed Name