REGISTRATION FOR INDEPENDENT STUDY

Name (Print): ____________________________  Class: _____________  Major: ______________

Department: ___________  Term: ___________  Study Director: _____________________________

Title of Project: ______________________________________________________________________

1. Main learning objectives (be specific):

2. Outline of proposed activities (program of study, etc):

Faculty Advisor: ____________________________  Date: _________________

Study Director: ____________________________  Date: _________________

Please Return this form to the Center for Student Services, College Hall 221

10/2014