**INDEPENDENT STUDY FORM**

ENGLISH DEPARTMENT

This form should be filled out for any student who wishes to register for ENGL 4360, Independent Study. The form should be completed by the supervising faculty member and forwarded to the chair for departmental approval.

Faculty name:

Student’s name:

Semester/year:

Description of independent study (please indicate why this work cannot be done within our usual course offerings):

Texts:

Requirements:

I. Scheduled meetings

II. Written or other assignments

Faculty signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

Chair signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_