

## SCHOOL OF HUMANITIES Review and Approval Form for Independent Study Courses

## (Please type or print legibly)

Department and	Catalog Number: _		,	
Title:				
Level: Undergrad Graduate	duate	Credit:	semester hours	
Faculty Member:				
Student:				
To Be Offered: _	Seme	ster, 200		
Description of Pro syllabus to this fo	oject, Research, or R rm.	eading Assign	aments, or attach a plan of stud	dy or
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**************************************	tached hereto, has/have been
Faculty Member's signature	Date
Student's signature	Date
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APPROVALS	
Dept. Chair:	
	Date

Send a copy of this completed form to the Office of the Dean of Humanities