INDEPENDENT STUDY PERMISSION FORM  
Department of Religious Studies

Student Name: ___________________________________  Date ________________________________

Email: ______________________________     Student ID (not unique ID) ___________________

Expected Graduation Date: ______________________________________________________________

Program of Study ________________________________________________________________

Course Subject / Number: ____________________________

Term / Year _______________________

Title of Independent Study ____________________________________________________________

Short Title ____________________________________________________________

(to be listed on transcript; limit 30 characters, including spaces)

Advisor ____________________________________________

Instructor (if different from Supervising Faculty Member) ___________________________________

Instructor Title and affiliation: _____________________________________________

On the following page (or attached sheet), please provide the following information:

Schedule for meetings (must meet a minimum of 6 times over the course of the semester) Provide information on frequency and length of meetings with instructor, and expected work commitments and/or timetables:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Method of Assessment: Provide information on how your work in the course is to be evaluated.

Grade to be based on: __________________________________________________________

_________________________________________________________________

_________________________________________________________________

Does the instructor require course audit? __________________________

If so, provide course title and number __________________________ and attach signed audit form.
Please provide the following information below or on another page:

1. Description of Proposed Study:
   Provide a one to two paragraph description of the proposed study, including topic, course goals, research / readings to be conducted. (The instructor and/or department or program may require a more detailed proposal, including a list of sources and bibliography, a rationale for independent study as opposed to regular course work, etc.)

2. Nature of the Final Product:
   Describe the nature and length of the final product (e.g. academic paper, artistic product, research report, etc.)

________________________________________________ Date ________________________
Signature of Student

Approval Signatures:

_____________________________________  Date _______________
Signature

__________________________________
Instructor (print name)

_____________________________________  Date _______________
Signature

__________________________________
Director of Graduate Studies (print name)

For DGSA use only:

ASSIGNED COURSE AND SECTION NUMBER: ___________________________
ASSIGNED PERMISSION NUMBER: ___________________________

revised Nov. 16, 2017