

Undergraduate Independent Study Form

ARCH 490

Student Name _____ Major _____

Email Address _____ ID Number _____ Term/Year _____

Select Topic:

- ARCH 490A - Design Communications ARCH 490B - Design ARCH 490C - Technical Systems
 ARCH 490D - Architectural History ARCH 490E - Behavioral Studies ARCH 490F - Practice ARCH 490H - Honors

Course Title: _____ Section _____ Credits (1-9) _____

Instructor's Name: _____

Description of Content / Objectives (attached additional pages if necessary):

Requirements for Successful Completion:

Meeting Arrangements (Days/Time): _____

Where will this course apply for degree requirements: _____

Signatures Required for Approval :

Student Date

Instructor Date

Advisor Date

Chair of Department Date

After approval, the student returns this form to 291 Design.