

# Undergraduate Independent Study Form

CRP 490

Student Name \_\_\_\_\_ Major \_\_\_\_\_

Email Address \_\_\_\_\_ ID Number \_\_\_\_\_ Term/Year \_\_\_\_\_

Select Topic:

CRP 490 - Independent Study

CRP 490H - Honors

Section \_\_\_\_\_ Credits (1-4) \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

Description of content and objectives of the course (attach additional pages if necessary):

Requirements for successful completion:

Meeting Arrangements (Days/Time): \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

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 292 Design.