

GRADUATE APPLICATION FOR RESEARCH OR INDEPENDENT STUDY (596/599)

PRIOR to class reservation: Complete this form and obtain signatures of approval.

Name: _____ I.D.# _____

Address: _____

Number and street city state zip

Local Telephone No: _____ Proposed date of Graduation: _____

Major: _____ Minor: _____

DEPARTMENT OR PROGRAM: _____

PROJECT TITLE: _____

NUMBER OF UNITS (usually 1, 2, or 3 units): _____

To be completed during (circle one): Intersession Spring Summer Fall Year: _____

Description of Proposed Study: _____

Description of materials, resources, and methods to be employed: _____

Brief Syllabus: _____

Method of Evaluation (to be completed by Faculty Supervisor): _____

Conference Dates (if appropriate)

1. _____ 2. _____ 3. _____ 4. _____

Approved: _____

Denied: _____

Faculty Supervisor (Please print and sign your name) Date

Approved: _____

Denied: _____

Department Chair/Graduate Program Director

Approved: _____

Denied: _____

Dean Date