University of San Diego

# UNDERGRADUATE APPLICATION FOR INDEPENDENT STUDY (499)

Name:_____ Email:_____ ID #:_____

Address:_____ _____ _____ _____

Street City State Zip

Telephone #: _____Proposed date of Graduation: _____

Major: _____ Dept :_____

Project Title:_____

Number of units: (l, 2, or 3):_____ To be completed during: Semester: _____ Year: _____

Are you a member of the USD Honors Program? Yes ☐ No ☐ Do you want honors credit for this 499 course? Yes ☐ No ☐

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: ☐ _____ /_____

Honors Program Director Signature **(if applicable)** Date

Approved: ☐ Denied: ☐ _____/_____ /_____

Faculty Supervisor Signature Print Name Date

Approved: ☐ Denied: ☐ _____ /_____

Department Chair/ Program Director Signature Date

Approved: ☐ Denied: ☐ _____ /_____

Dean Signature Date

Late Add Approval _____ Dean's Initial Overload Approval _____ Dean's Initial

Course Subject & # _____ CRN _____ Credits _____