



## Independent Study Agreement Form

Name: \_\_\_\_\_

CU Student ID#: \_\_\_\_\_

CU Email: \_\_\_\_\_

Local phone: \_\_\_\_\_

Program (MS or PhD): \_\_\_\_\_

Class standing (e.g. junior): \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Previous number of independent study hours earned in tis program: \_\_\_\_\_

Previous number of independent study hours earned outside this program: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

Semester: \_\_\_\_\_

Course #/Section #: \_\_\_\_\_

Credit hours (1 – 3): \_\_\_\_\_

Description and goals of the proposed independent study:

Method of conducting and evaluating the independent study (for example, research and reading, written reports, regular meetings and discussions, final paper or report). Indicate any specific assignments and any dates when specific elements are to be finished:

### Approvals:

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_