

Department of Critical Media Practices  
University of Colorado Boulder

**Independent Study**

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

Student ID Number: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Semester (e.g. Fall 2019): \_\_\_\_\_

Title of Proposed Study: \_\_\_\_\_

In a few sentences, describe the proposed study.

What are the deliverables, and when are they due? Please be specific.

I affirm that I have discussed the study described above with the faculty advisor, and agree to conduct the study as we have discussed. I understand that due dates are binding and that I may not receive credit for the study if any of the terms described above are not met.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Faculty Advisor

\_\_\_\_\_  
Date

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Signature of Associate Chair of Graduate Studies

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Date

*This form must be completed by the beginning of the semester in which the independent study will be conducted.*