SPECIAL PROJECT / INDEPENDENT STUDY APPROVAL FORM

STUDENT NAME______________________________________________________________

CSU ID__________________ PROFESSOR _________________ SEMESTER_____________

COURSE________________ SECTION ____________________ CREDIT HOURS_________

PROJECT TITLE_______________________________________________________________

Attach proposal addressing all of the following areas:

I. OBJECTIVES
II. BOOKS AND OTHER COURSE MATERIALS
III. ASSIGNMENTS/ACTIVITIES
IV. TIMELINE
V. DELIVERABLES
VI. EVALUATION CRITERIA / GRADING

Approval for Beginning the Project

STUDENT’S SIGNATURE ________________________________ DATE _________

PROFESSOR’S SIGNATURE____________________________ DATE _________

DEPARTMENT CHAIR’S SIGNATURE____________________ DATE _________

Project Completion

Confirmation of Deliverables Received

Professor Received Work Product____________________________ Date____________

Professor Issued Grade________________________________________ Date____________

Please return this form, with proposal that addresses all six areas as outlined above, signed by your supervising professor to the Department in which you will be applying to take Independent Study.

ACT: BU 512       IST: BU 344       MKT: BU 460
FIN: BU 321       MGT: BU 433       OSM: BU 539