DEPARTMENT OF MATHEMATICS
INDEPENDENT STUDY
(MTH 497, 597, 697)
Agreement to supervise a directed study course.
(To be filled out by the instructor and student;
original to be retained by the Department.)

Student ____________________________  CSU ID No. ____________________

Faculty Member ______________________  Email address __________________

Term/Year ___________________________  No. of Credit Hours _____________

In each category below, be as precise as possible while recognizing the tentative nature of some decisions.

Topic of Study:

Readings to be covered:

Papers to be written:

Will there be an examination?

Approximate number of conferences planned:

Basis for assignment of final grade:

____________________________________
Student

____________________________________
Instructor

Department Use Only:

Course Number ________________  Section ________________

Class Number ________________

REV 092111