STUDENT
Name: 
R-Number: 
Email: 
School: 
Major: 
Class Year During Project: 
Academic Advisor: 

PROPOSED PROJECT
Project Title: 
Unabbreviated Academic Title: 
How will this project be used in fulfillment of your degree requirements: 
Faculty Sponsor: 
Department: 
Committee Members: 
Academic Level Of This Project: 

REQUIRED ACADEMIC TIME
Terms Proposed for Study: 
Year(s): 
Semester Hours Per Term: 
Total Semester Hours For Project: 
What activities will you undertake to meet your objectives: 

PURPOSE OF THE STUDY
What are your specific objectives: 
How does this research project further your course of study: 

PRELIMINARY BIBLIOGRAPHY
Which books, periodicals, journals, primary documents, and other sources will you explore: 

MEANS OF EVALUATION
Criteria upon which your grade will be based: 

APPROVALS
Faculty Sponsor Approval: 
Faculty Sponsor Comments: 
Academic Advisor Approval: 
Dept Chair/Prog Director Approval: 

Dean's Office Approval: 

This is a sample form for informational purposes only. CLA and Undergraduate Holt students submit Independent Study proposals through the online form. Do not submit or use this form.