

Department of Communication Studies Request for Independent Study

Name: _____ Date: _____
E #: _____ Phone: _____
Requested Director*: _____ Email: _____
Course Title: _____

Description:

Please attach a proposal of the project that includes a description of what the project will entail and how you will be evaluated.

Signatures:

_____ Student Signature	_____ Date
_____ Graduate Coordinator	_____ Date
_____ Department Chair	_____ Date

Department Use Only

Director Assigned _____
CU Assignment _____

*Rationale required only for non-graduate faculty, faculty from outside the department, etc.