EASTERN ILLINOIS UNIVERSITY DEPARTMENT OF

SOCIOLOGY and ANTHROPOLOGY Application for

Independent Study – SOC/ANT

This form <u>MUST</u> be completed and on file <u>BEFORE</u> the student registers

Student's Name:				
First		M.I.	Last	
E #:				
Number of SOC hours alrea (NOTE: Prerequisite: 15 set	• 1	SOC exclusiv	re of 4275)	
Semester to be taken: Fall	Spring	Summer 4	Summer 6	Summer 8
4400-001 (1 s.h.)	4400-002 (2 s	.h.)	4400-003 (3 s.h.)	
REQUIRED DETAILED S	TUDY PLAN, (ON WHICH T	THE APPROVAL FO	OR

REGISTRATION IS BASED(Attach additional sheets as necessary.)

Signature of faculty member with whom student will be working

Date

Date