

Department of Communication Studies

Undergraduate Request for Independent Study

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

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

Signatures:

_____ Student Signature	_____ Date
_____ Faculty Signature	_____ Date
_____ Department Chair	_____ Date

Department Use Only
Director Assigned _____
CU Assignment _____