

School of Family and Consumer Sciences

APPLICATION FOR PERMISSION TO ENROLL IN FCS 5990

INDEPENDENT STUDY

Name _____ Address _____

E # _____ Phone _____

Totals credits earned to date _____ Email _____

1. Number of semester hours of credits to be awarded for course completion _____

2. General area in which the Independent Study is desired _____

3. Outline the proposed experiences and/or research. Include objectives, methods of implementation, and evaluation procedures.

4. Description of dissemination activities

Approval for _____ credits.
Semester/Year _____

Graduate Advisor/Date

Supervising Faculty Member/Date

Chairperson/Date

Graduate Coordinator/Date

Student is to provide the original copy to the Graduate Coordinator with copies given to the Graduate Advisor, Supervising Faculty Member, and Chairperson. Be sure to keep a copy for personal file.