

Independent Study (IS) Update Form

Submit a completed copy of this form each month the Independent Study is taking place.

NAME:

DATE:

Number of Credit Hours:

Total clock hours required:

Submitted for the month of:

Number of hours completed this month:

Total number of hours completed to date:

Brief description of activities completed:

Student Signature: _____

Faculty Mentor:

Faculty Signature: _____ Date: _____