RESET

EASTERN ILLINOIS UNIVERSITY

DEPARTMENT OF SOCIOLOGY and ANTHROPOLOGY

Application for Independent Study – SOC/ANT

This form MUST be completed and on file BEFORE the student registers

Student's Name:_____
First M.I. Last

Social Security #:

Number of SOC hours already completed:
(NOTE: Prerequisite: 15 semester hours of SOC exclusive 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 STUDY PLAN, ON WHICH THE APPROVAL FOR REGISTRATION IS BASED(Attach additional sheets as necessary.)

_____ _____
Signature of faculty member with whom student will be working Date

_____ _____
Signature of Department Chair Date