

**M.A. IN AGING STUDIES APPLICATION FOR PERMISSION TO ENROLL IN
HSL 5992 INDEPENDENT STUDY**

Name:

Address (current during Independent Study enrollment):

City/State:

Zip Code:

Phone:

EIU Email:

E#:

Total graduate credits hours toward degree earned to date:

- 1. Number of credit hours requested for Independent Study:**
 - 2. Anticipated semester for Independent Study (Fall/Spring/Summer):**
 - 3. Topic or area of focus for Independent Study:**
 - 4. Independent Study Student Learning Objectives:**
 - 5. Outline the Independent Study project plan.**
 - 6. Anticipated monthly timeline:**
 - 7. Description of how Independent Study project outcomes will be disseminated to target audience(s).**
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Completed by M.A. in Aging Studies Graduate Coordinator or HSCL Chair:

Approval for _____ credits

Semester/Year _____