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).

Completed by M.A. in Aging Studies Graduate Coordinator or HSCL Chair:

Approval for _________ credits

Semester/Year _________________