

Department of Communication Studies Request for Independent Study

Name: _____ Date: _____

E #: _____ Phone: _____

Requested Director: _____ Email: _____

Course Title: _____

Director rationale (Rationale required only for non-graduate faculty, faculty from outside the department, etc.)

Please attach a proposal that includes a description of what the project will entail and how you will be evaluated

Signatures:

Student Signature

Date

Graduate Coordinator

Date

Department Chair

Date

Department Use Only

Director Assigned _____

CU Assignment _____