

Independent Study (I.S.) 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: _____ Date: _____

Faculty Mentor Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Chair Signature: _____ Date: _____