UNDERGRADUATE
OUTLINE OF PLAN FOR INDEPENDENT STUDY

Date _____________________
Student’s Name _________________________________ ID Number _______________________
Major Department:   ART   Instructor’s Name _____________________________________
Course/Section Number (circle one):  400  496  493 (Honors)  Semester Hours Credit _______
Course Title _________________________________ Semester/Year __________________________

Statement of Purpose of Study (use the back if more space is needed):

Methods and Procedures (use the back if more space is needed):

Progress Review Date: _________________________________

Final Review Date: _________________________________

Approved by:  ____________________________ __________________________
   Instructor       Date

Instructions:   Student fills out form, instructor signs, and student returns form to Art Department Office (138A Gatewood). Student must complete a drop/add slip with instructor’s signature and acquire the departmental stamp from the Art Office to register for the course.