

**GRADUATE
OUTLINE OF PLAN FOR INDEPENDENT STUDY**

Date

Student's Name

ID Number

Major Department: ART

Instructor's Name

Check 1:

Semester Hours Credit

Course Title

Semester/Year

Statement of Purpose of Study :

Methods and Procedures:

Progress Review Dates:

Final Review Date:

Approved by: _____
Instructor Date

Instructions: Student fills out form, instructor signs, student returns form to Art Department Office (138 Gatewood). Student must also complete a *Permission to Register for Independent Study* form and get the instructor's signature and department head's signature in order to register for the course.