UNDERGRADUATE OUTLINE OF PLAN FOR INDEPENDENT STUDY

Date	<u> </u>				
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 P	urpose of Study (use the	back if	more sp	ace is needed):	
Methods and P	rocedures (use the back	if more	space is	needed):	
Progress Revie	w Date:				
Final Review I	Date:				
Approved by:					
Tippio rea 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.