

UNDERGRADUATE OUTLINE OF PLAN FOR INDEPENDENT STUDY

Instructions:

- Student fills out form and Instructor signs off
 - Student must complete a Drop/Add slip with instructor's signature and leave with the Art office (138A)
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Date _____

Student's Name _____ ID Number _____

Major Department: ART Instructor's Name (please print) _____

Course/Section Number (circle one): **ARH** 400 / **ARH** 493 (Honors) / **ART** 496 / **ART** 493 (Honors)

Semester Hours Credit _____

Course Number (CRN) _____ 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