Independent Study Proposal Form

ALBRIGHT COLLEGE
INDEPENDENT STUDY PROPOSAL

(NOTE: The original must be turned in to the Registrar’s Office during the two-week schedule change period of the semester the project is scheduled to begin. Please keep your copy in case there are any questions at a later date.)

Name of Student _______________________________ Year ____________

Title of Project ______________________________ ( ) Fall ( ) Summer I

( ) Interim ( ) Summer II

Department/Course # _____________ ( ) Spring

Study or Research Methods ( ) Elective
(reading materials, interviews, ( ) Concentration
questionnaires, laboratory testing,
observation sessions, etc.)

( ) Grade
( ) Q/NQ Only

Name of Instructor ______________________________

Means of Evaluating the Project: - Use back of sheet for greater detail
(testing, research paper, etc.)

NOTE: Independent study courses may not be used to satisfy General Study requirements.

_________________________________________ _________
Student’s Signature Date Instructor’s Signature Date

_________________________________________
Chairperson’s Signature Date Dean’s Signature Date
(if project for concentration or related) (if not full-time faculty)