

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 (if not full-time faculty)
related)

