

## Independent Studies Proposal

### I. TO BE COMPLETED BY STUDENT:

Name: \_\_\_\_\_ EKU ID #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ EKU Email: \_\_\_\_\_

Course Prefix: \_\_\_\_\_ Course#: \_\_\_\_\_ Course Title: \_\_\_\_\_

Term: \_\_\_\_\_ Year: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Major: \_\_\_\_\_

### Course Description:

Project Title: \_\_\_\_\_ Faculty Supervisor: \_\_\_\_\_

### Project Objectives (attach detailed outline/syllabus)

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Special Note to Student: Your signature indicates a request for the Registrar's Office to register you for the approved course and credit hours.

### II. TO BE COMPLETED BY FACULTY SUPERVISOR:

Proposed method(s) for student evaluation:

Dates of Progress Reports \_\_\_\_\_

Special Equipment/Supplies Needed: \_\_\_\_\_

Faculty Supervisor \_\_\_\_\_  Recommended  Not Recommended Date

Department Chair \_\_\_\_\_  Approved  Not Approved Date

**Original to Registrar's Office. Copies from Registrar's Office, once registration is complete, to: 1. Student 2. Faculty Supervisor 3. Student Advisor (Students 1st major, only), 4. Dean of Graduate School (graduate students only). 5. Dean, if so requested**

Additional Pages Attached

# of additional pages

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|-------------------------------|-----------|------------|
| For Registrar Office Use Only |           |            |
| Registration Complete _____   | CRN _____ | Date _____ |