

Proposal for Independent Study in Geography

Student _____ Date _____

Semester/Summer Session _____ Course No. and Title _____

Student's Thesis/Internship Advisor or Graduate Program Director _____

Faculty Who Supervises the Independent Study _____

Study Topic _____

Description of the Proposed Independent Study (Objectives, Methods, Anticipated Results, etc.)

(Please attach additional page(s) if desired.)

Evaluation of Student's Performance: _____ Grade _____

(Please attach additional page(s) if desired.)

(Upon Completion, Please Forward a copy to the Department Graduate Director for Filing.)

Signatures:

Student _____ Faculty Supervisor _____