



SPECIAL PROJECT / INDEPENDENT STUDY APPROVAL FORM

Student Name: _____ CSU Id#: _____

Professor: _____ Semester: _____

Course #: _____ Section #: _____ Credit Hours: _____

Project Title: _____

Attach proposal addressing all of the following areas:

- I. OBJECTIVES
- II. BOOKS AND OTHER COURSE MATERIALS
- III. ASSIGNMENTS/ACTIVITIES
- IV. TIMELINE
- V. DELIVERABLES
- VI. EVALUATION CRITERIA / GRADING

APPROVAL FOR BEGINNING THE PROJECT

Student's Signature _____ Date _____

Professor's Signature _____ Date _____

Department Chair's Signature _____ Date _____

PROJECT COMPLETION

Confirmation of Deliverables Received

Professor Received Work Product _____ Date _____

Professor Issued Grade _____ Date _____

Please return this form, with proposal that addresses all six areas as outlined above, signed by your supervising professor to the Department in which you will be applying to take Independent Study.

ACT: BU 512 / IST: BU 344 / MKT: BU 460 / FIN: BU 321 / MGT: BU 433 / OSM: BU 539