



UNIVERSITY OF SAINT MARY GRADUATE PROGRAM
INDEPENDENT STUDY FORM

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

(Please Print)

Term in which study is to be done: FALL SPRING SUMMER 20\_\_\_\_
year

Dept. & Number Course Title No. of Credits

Approval for Registration

Signature of the Chair of the Department of the Course Date

Signature of the Director of the Independent Study Date

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To complete Registration:

Within TWO WEEKS from the beginning of the semester

A DETAILED DESCRIPTION of the Independent Study project must be turned into the Registrar's Office with the completed Independent Study Form

A \$30.00 Late Registration Fee may be assessed for forms which are not turned into the Registrar's Office within the two week period.

Description of the Independent Study (must be attached to the form)

- 1. Brief description of the Independent Study Project
2. Objectives
3. Major learning experiences planned
4. Methods of assessing achievement of objectives

Final Approval

Signature of the Dean of the Graduate Program Date