

Application for Independent Study Course(s) PLSC / PADM

Date/Initials entered in system _____

Email

Student Name (please print)

ID Number

I request permission to enroll for _____ hour(s) in the following independent study course,
during the _____ semester/session 20_____.

The instructor who will direct this independent study is _____.

PLSC 300V _____
(Undergraduate Internship)

PLSC 394V _____
(Undergraduate Readings)

PLSC 498V _____
(Senior Essay)

PLSC 499VH _____
(Honors Thesis)

PLSC 590V _____
(MA Graduate Readings)

PLSC 592V _____
(Graduate Internship)

PLSC 595V _____
(Graduate Research Problems)

PLSC 600V _____
(Master's Thesis)

PADM 587V _____
(MPA Professional Development)

PADM 588V _____
(MPA Graduate Readings)

PADM 589V _____
(MPA Independent Research)

NATURE AND PURPOSE OF THIS STUDY: (Use reverse side or attach separate page, if necessary.)

PLAN OF STUDY: (Include a tentative bibliography and specific course requirements. Use reverse side or attach separate page, if necessary. Attach other material as necessary.)

Signature of Student _____

Date _____

Signature of Instructor _____

Date _____