



EPSY Independent Study/Directed Reading Proposal (EPSY 6850)

Due to Program Coordinator by Friday of the **first week** of class

Name: _____
CWID _____
Email _____
Phone _____

To be completed by the **STUDENT**:

1. Course Number, credit hours, semester/year
2. Proposed content of studies
3. Justification for request: specify why content cannot be obtained from a regularly offered course.
4. Explain the relationship of the proposed independent study to your program or research.
5. List text materials/resources, if applicable:
6. Indicate proposed schedule of meetings with professor:

To be completed by the **INSTRUCTOR**:

1. Describe grading expectations (number of papers, exams and grading scale, etc.)
2. Deadline for work to be submitted:

Approval Signatures:

Student _____ Date _____

Instructor _____ Date _____

Committee Chair/Advisor _____ Date _____