Sociology 590 Independent Study Form

Student name: _____

Email: _____ UIN:_____

Select semester and course:

☐ Fall ☐ Spring ☐ Summer Year

Instructor name: _____

CRN:_____ Credit Hours: _____

Area of Specialization this study will fulfill: _____

Requirements for completion of course: (e.g., preliminary draft and final draft of 20 page research paper or literature review: weekly ½ hour meetings between the professor and student):

Date by which all course requirements must be completed: _____

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Will this course be considered as a 'substantive 500 level course' towards Department requirement?

Yes ☐ No ☐

If yes, then the student is required to provide a reading list or a syllabus to the Graduate Office before requirement will be considered met.

Will this course substitute for a required course? Yes ☐ No ☐

If yes, which course?

Please note DGS substitution approval must be attained BEFORE coursework begins.

Director of Graduate Studies approval: _____