

# Sociology UG 390 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: \_\_\_\_\_