Supplemental Form for CAS Independent Study/Research Practicum/Directed Study Projects (common designations 498, 499)

Prefix, Course Number	Number of Credits
Instructor Name (Printed)	Student Name (Printed)
Semester/Year	
Description of Independent Study/Res	earch Practicum/etc.
Course Requirements (e.g. specific read number of hours in lab or field)	dings, research to be conducted,

Expected Outcome (e.g. paper, journals, research project)	
Specific Benefit to Student	
Required Signatures	
Student	Date
Instructor	 Date
Program Leader	 Date
After the form is completed, please	keep a copy for your records and provide a copy

After the form is completed, please keep a copy for your records and provide a copy to the Associate Director of Academic Advising and Students, College of Arts & Sciences.

NOTE: Registrations must be completed prior to the 10^{th} day of classes, unless there is a verifiable emergency.