## Department of Cinematic Arts
### AUTHORIZATION FOR GRADUATE INDEPENDENT STUDY

Three signed copies of this form - for the student’s advisor, for the faculty member supervising the Independent Study, and for the student’s permanent record - must be completed. **Important Note: Make sure you enroll in the course on MyUI in order to earn credit for the course**

<table>
<thead>
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<th>Name</th>
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**Description of Study**

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**Purpose of Study**

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**Why are you taking an Independent Study rather than a scheduled course?**

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**List previous coursework relevant to proposed Independent Study**

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**Number of Credits** ____________ **Target Completion Date** _________________

[Student’s Signature] __________________ [Date] __________________

**Approved:**

[Instructor] __________________ [Date] __________________

[Advisor] __________________ [Date] __________________