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.

Name ___________________________ UID _______________ Term __________________

Description of Study __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Purpose of Study _______________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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

List previous coursework relevant to proposed Independent Study ______________________
____________________________________________________________________________
____________________________________________________________________________

Number of Credits _________________ Target Completion Date _______________________

_________________________________ Student’s Signature __________ Date __________

Approved:

_______________________________ Instructor __________________ Date __________

_______________________________ Advisor __________________ Date __________