Department of Cinema & Comparative Literature
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 ____________________________________________________________

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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 ___________________________