Department of Cinematic Arts
AUTHORIZATION FOR UNDERGRADUATE INDEPENDENT STUDY

Three signed copies of this form - for the student’s adviser, for the faculty member supervising the Independent Study, and for the student’s permanent record - must be completed.

Name ___________________________ Student number ___________________________ 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  Instructor  Date  Adviser  Date

Approved:

________________________________________
Instructor  Date  Adviser  Date