

School of Interdisciplinary Informatics – Independent Study Agreement

Prerequisite: Permission of Program Chair/School Director

This form must be completed and signed before the end of the second week of class. Failure to do so may end up in an administrative withdrawal from the course, waiving any refund of tuition.

Student Information

Name NU ID# Address	Course Name Credit Hours Semester Year		
Telephone	Email _		
Independent Study Information			
Justification for Independent Study:			
Academic Supervisor/Student Meeting Time:			
Student Signature	Date		
Academic Supervisor Signature	Date		
Program Chair/Director Signature	Date	Approved	Disapproved
Attach the proposal to this cover sheet. The prop minimum:	oosal should cont	ain the following	at a

- A. Title of Study
- B. Detailed description of the study (maximum three typed pages).
- C. Reference materials to be used
- D. Grading Criteria
- E. Timeline
- F. Deliverables