Department of Mathematics
University of Nebraska – Omaha

Proposal for Independent Study

This proposal must be completed by any student wanting to enroll for independent study.

Student Name ___________________________ Date ______________

Address ____________________________________________

                                      Street            City            State            Zip

Student ID# ___________________________ Phone ___________________________

Course and section # ___________________________ # of Credit Hours __________

Semester/Year ___________________________

Supervising Faculty Member ___________________________

A. Title of Study _______________________________________

B. Material to be used: (Please be specific by listing books, chapters, journals, etc.)

C. Supervising Faculty member should list below the specific requirements to be met by the student and the method of evaluation that will be used.

Signatures ______________________________________

Student ___________________________ Faculty Member ___________________________