PROPOSAL FOR INDEPENDENT STUDY or INTERNSHIP EXPERIENCE

(Choose one of the following):

		Student:
	JMC 4980 (Independent Study) 3 cr	Student Email:
	CMST 4980 (Independent Study) 3 cr	ID#:
	COMM 8980 (Grad Independent Study)	Faculty Advisor:
	JMC 4970 (Internship Experience) 1-3 cr	Class: FR SO JR SR GR
	CMST 4970 (Internship Experience) 1-3 cr	Major/Sequence:
		Credits: 1 2 3
		Semester: Year:
	proposal must be sent to Michelle Thies (mthies)	
last da	ay of the first week of the semester.	
1.	Title for the study or project:	
2.	Description of the special study or project:	
3.	The background you have, including course work, that context:	t will enable you to work well in the independent
4.	Describe the tangible product(s) that will be created b papers, audio or video tapes, etc.	y the completion of the project; journals, notebooks,

ate Permit Enteredermit Number	
CHOOL DIRECTOR'S SIGNATURE:	DATE:
PRADUATE PROGRAM CHAIR'S SIGNATURE: Only need this signature if graduate independent study.)	DATE:
ACULTY MEMBER'S SIGNATURE:	DATE:
ΓUDENT'S SIGNATURE:	_ DATE:
semester you estimate that you will spend on this project, including time v directly with the student.	
C. <i>To the faculty member:</i> Please indicate the total number of hours during the content of the faculty member.	he
B. Indicate the number of hours total during the semester you and the supervifaculty member expect to spend conferring or working together:	sing
A. Estimate the average number of hours you expect to spend on the project p	per week:
(This item may be difficult to specify, but the student and faculty signing this form indicate that they have agreed on evaluation pro-	
b. What standards of criteria of judgment are especially relevant?	
a. Who will participate in the evaluation of the completed project?	

Deadline(s) for completing your project or relevant parts of it.