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 ____________________________  Course Name ____________________________
NU ID# ____________________________  Credit Hours ____________________________
Address ____________________________  Semester ____________________________
Telephone ____________________________  Year ____________________________
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 proposal should contain the following at a minimum:

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

CC: Student, Academic Supervisor, Program Chair