UNIVERSITY OF NEBRASKA AT OMAHA
COLLEGE OF INFORMATION SCIENCE & TECHNOLOGY

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	_____
	_____	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 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