BADM 490 Independent Study Request for Approval

Circle One:      DAY    or       EUGS

Student Name:______________________________ Student CWID Number:________________
Student Email:______________________________ Student Phone:________________
Semester: ___Fall ___Spring ___Summer    Year:_____    Class:___________ GPA:____

Title of Independent Study Project:_______________________________________________

Description of Project:_____________________________________________________________

Learning Objectives:________________________________________________________________

Method(s) of Assessment:________________________________________________________________

Reporting/Meeting Requirements:________________________________________________________________

_____________________________________________________________________________________

1. Get signatures noted below and make two copies:

Approved By:________________________________________ Date:__________________________
Signature of Student:___________________________________ Date:__________________________
Signature of Supervising Instructor:_______________________ Date:__________________________
Signature of Dean/Associate Dean:_______________________ Date:__________________________

2. Student gives signed original to Instructor, keeps a copy for him/herself, and gives 1 copy to Dean/Assoc Dean who will inform Registrar.

Rev 8-20-14