Mathematics Department Independent Study Request Form

Name: ___________________________ Date ___________________________

Student ID ___________________________ Quarter ___________________________

E-mail Address ___________________________

Instructor Approval Required

Check the appropriate selection:

[ ] 297A Independent Study Credits: ___5
[ ] 297B Independent Study Credits: ___10
[ ] 297C Independent Study Credits: ___15

[ ] 299A Thesis Research Credits: ___5
[ ] 299B Thesis Research Credits: ___10
[ ] 299C Thesis Research Credits: ___15

Instructor’s Signature ___________________________ Date ___________________________

PRINT Instructor’s NAME

This form is to be completed, approved, signed, and delivered to the Graduate Coordinator prior to the deadline for the last day to enroll in classes for the term in which the course is to be taken. Once enrollment in Math 292 is confirmed, the Individual Studies Course call number will be issued by the Mathematics Department. Completion of enrollment procedures for the course is your responsibility.