

Application for Independent Study PLSC/PADM/INST

Student Name

Student ID Number

Student Email

Instructor Directing Study

I request to enroll in _____ hour(s) in the following independent study course, during the
_____ semester/session of 20_____.

INST 300V_____
(Undergraduate Internship)

INST 399VH_____
(Honors Thesis)

INST 406V_____
(Independent Study)

PLSC 300V_____
(Undergraduate Internship)

PLSC 394V_____
(Undergraduate Readings)

PLSC 499VH_____
(Honors Thesis)

PLSC 590V_____
(Graduate Readings)

PLSC 592V_____
(Graduate Internship)

PLSC 595V_____
(Graduate Research Problems)

PLSC 600V_____
(Graduate Thesis Hours)

PADM 587V_____
(Professional Development)

PADM 588V_____
(Graduate Readings)

PADM 589V_____
(Independent Research)

NATURE AND PURPOSE OF THIS STUDY: (Use reverse side or attach separate page, if necessary.)

PLAN OF STUDY: (Include a tentative bibliography and specific course requirements, Use reverse side or attach separate page, if necessary.)

Signature of Student _____

Date _____

Signature of Instructor _____

Date _____