Graduate Education and Research Office of the Dean and Associate Vice President for Research www.gradschool.eku.edu



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## INDEPENDENT STUDY PROPOSAL FORM Graduate Students

Name:		_EKU ID#:				
Phone Number:		_Email:				
Program of Study:		_Term of Project:	□Spring	□Summer	∏Fall	
Course:	Section:	Credit Hours:				
Description of work to be done (att	ach detailed outline):					
Charles & Ciana Anna		Deter				
Student Signature For completion by faculty advisor:		Date:				
This Independent Study will be use *Independent study may be substitu additional justification if this option i Proposed method for student evaluation.	ted for core requirements s selected.	only under extrac	ordinary circum	istances. Please at		
Dates for progress reports:	,	,				
Any special conditions:						
Faculty member supervising indep	endent study:					
APPROVED BY:						
Program Chair	Date	Graduate	Program Advisor		Date	
College Dean	Date	Graduate	Dean		Date	
CC: Program Chair						

CC: Program Chair
College Dean
Student's Advisor
Graduate Dean