

Independent Study Form (IINF 897)

Name:	E-mail/Phone:	
Student ID:		
should already have discussed your proposa. The study should be at least equivalent in it. It may not substitute for any required cours and signed by the faculty supervisor and the the Informatics office. The Informatics office.	Office at least one week before you plan to register all with the faculty member who will supervise your as demands and effort to a regular course of equal case in the curriculum. Your proposal must be approve INF Ph.D. Program Director before being submittee will then create a course section number and gener for IINF 897. The supervising faculty member work.	study. credit. ved ttted to nerate
I request approval for the following indepe	ndent study, to be taken in	
SEMESTER YEAR		
Number of credits to be earned:		
Number of credits previously earned in IN	F Independent Study:	
Title:		
Abstract of proposed study:		
1 1 ,		
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Signature of Student		
Name of Supervising Faculty Member	Signature of Supervising Faculty Member	
Name of INF Ph.D. Program Director	Signature of INF Ph.D. Program Director	Date