SCHOOL OF COMMUNICATIONS • INDEPENDENT STUDY FORM

Student Name __________________________________________________________

Student ID Number _________________________________________________

Local Address _______________________________________________________

Local Phone ______________________ Home Phone _______________________

Semester / Year □ F □ W □ S1 □ S2 □ S12 __________ Number of credits ______

Registered for □ CAP 399 □ COM 399 □ CFV 399 □ CJR 399 □ CPH 399 □ CTH 399

NOTE: YOU WILL RECEIVE YOUR PERMIT TO REGISTER FOR 399 AFTER THIS FORM IS
COMPLETED, APPROVED BY THE FACULTY ADVISOR, RETURNED TO THE SCHOOL OF
COMMUNICATIONS OFFICE (290 LSH), AND REVIEWED BY THE EQUIPMENT SUPERVISOR. ASK
SOC OFFICE PERSONNEL WHEN TO PICK-UP YOUR PERMIT TO REGISTER.

I. Working syllabus (e.g. topical components, titles of books to be read, meeting schedule with
faculty advisor, assignments).

II. Detailed explanation of the products the student will generate in this course, and the basis for
evaluation.

III. List all equipment and facilities required to complete the independent study.

IV. I will not use School of Communications media production equipment or facilities in the
making of any for-profit production projects, in whole or in part.

Student acknowledgment ___________________________ Date ______________

Student signature _________________________________ Date ______________

Faculty approval _________________________________ Date ______________

Resource review _________________________________ Date ______________

Revised 2007