



Independent Study / Senior Thesis Proposal

Proposal for _____, _____, _____
CAP/COM/JBM 399/498 Fall/Winter/SS Year

Student Information

Student name: _____ G Number: _____

E-mail address: _____ Phone number: _____

Course Information

Instructor: _____ # of credits: _____

Describe the topics, meeting schedule, assignments, and methods of evaluation (including how the student's final grade will be determined). Attach additional pages if needed.

Signatures / approval

Student: _____

Instructor: _____

SoC Director: _____

Once this proposal is approved, a section of the appropriate course will be added to the schedule and a permit will be issued to the student.

Date course added: _____ Course number & section: _____ CRN: _____