School of Communications- Independent Study Form

Student Name Student G Number Student E-mail Phone Number			
Semester	Fall Summer	Winter Spring/Summer	Spring
Year			
Class	CAP 399 CMJ 399	COM 399 CPH 399	CFV 399 CTH 399
Credits			
CRN			
Working syllabus (e.g. topical components, titles of books to be read, meeting schedule with faculty advisor, assignments).			
Detailed explanation of the products the student will generate in this course, and the basis for evaluation.			
List all equipment and facilities required to complete the independent study.			
Student Signature			Date
Faculty Approval			Date
Resource Review			Date
		acknowledges that you will not	t use School of Communications

*Your signature above acknowledges that you 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.

NOTES:

**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.