

HST 497 Graduate Independent Study

Proposal Cover Sheet

Student's Name: _____

Student ID Number: _____

Name of Supervising Faculty Member: _____

Project Title: _____

Type of Independent Study:

Reading & Discussion

Research & Writing

Project

Other (please specify) _____

Number of Credit Hours Requested: _____

Quarter in which work will be undertaken: _____

Deadline for final submission: _____

Student's Signature _____ Date _____

APPROVALS:

Supervising Faculty Member _____ Date _____

Grad Program Director _____ Date _____