



Master of Arts in Applied Arts and Sciences Outline of Plan for Independent Study

Please complete this form and submit with the "Permission to Register for Independent Study" form, after getting the instructor's signature on both, to Julee Johnson, *MAAS Office*, by the first day of classes.

- Reminders:**
- You must have taken 6 hours of graduate level courses.
 - You must have attained at least a B average
 - You may count 6 hours of independent study toward your plan of study.

Date: _____

Student's Name: _____ ID #: _____

Daytime Phone: (_____) _____ E-mail Address: _____

Course #: **MAS 650** Semester/Year: _____ Semester Hours Credit: _____

Title of Independent Study _____
Specific topic of study

Statement and Purpose of Study *(use the back if more space is needed):*

Methods and Procedure *(use the back if more space is needed):*

Signature of Instructor

Date

Signature of Dean, Department Head, or Director of Graduate Study

Date