MASTER OF ARTS IN LIBERAL STUDIES

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 Alison Swafford, MALS 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 Number __________________

Daytime phone ___________________ E-mail address __________________

Course #: MLS 650-81 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 ______________

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