INDEPENDENT STUDY AGREEMENT

Please complete this form at the start of the semester and return it to the department’s Graduate Program Assistant after obtaining faculty approval and signature.

Please clearly print the following information:

Last Name: ___________________________________________________________

First Name: _________________________________________________________

ID Number: ________________

E-mail address: ______________________________________________________

Semester: ________________ Year: ________________

Independent Study Courses available:

* HIST-GA.3013 Research in Archives and Public History

* HIST-GA.3023 Readings in Archives and Public History

Course Number: HIST-GA.____________

Course Title: _________________________________________________________

Number of Credits: 1 pt.  2 pt.  3 pt.  4 pt.

Faculty Approval Signature: ___________________________________________

Faculty Instructor (print): _____________________________________________

For Office Use Only—End of Semester

Faculty Signature: __________________________________________________

Date: _____________________________________________________________

Final Grade: _______________________________________________________

This document is to be retained in the student's permanent file and updated accordingly.