

Faculty Agreement to Supervise Independent Study

I have agreed to supervise a _____ credit Independent Study for:
(number of credits)

Student Name: _____

Last four digits of Student's SSN: _____

Class of: _____

In the field of: _____

Semester: Spring Fall Year: _____ <i>(circle one)</i>

Please describe briefly the nature of the Independent Study:

To be completed by supervising faculty:

The student is taking the independent study for: GRADE or P/F (please circle one).

Please indicate, when completing the gradesheet, whether the work for this independent study satisfies the Senior Writing Requirement.

Faculty Supervisor Name

Faculty Supervisor Signature

Date