

Faculty Agreement to Supervise Independent Study

Student Name: _____ Last 4 of SSN: _____ Class of: _____

In the field of: _____

Please select from each category (circle):

Type of ISP: **Academic Paper** **Supervised Research** **Teaching Assistant**
(2 credits max and credit/fail grading)

Semester: Spring Fall Year: _____

Credits: 1 2 3

Grading Option: **Grade** **Credit/Fail**

Please provide a detailed description of the work that will be completed for the Independent Study:

Faculty Supervisor Signature

Faculty Supervisor Name

Deputy Dean's Signature (if required) - independent studies supervised by an adjunct faculty member will require the approval of the Deputy Dean for Academic Affairs, Paul George.