INDEPENDENT STUDY/RESEARCH FORM

Department of Women’s and Gender Studies Program

P L E A S E P R I N T

RESEARCH INDEPENDENT STUDY

STUDENT INFORMATION

|  |  |  |
| --- | --- | --- |
| NAME    |  | NAU EMPL ID  |
| ACADEMIC LEVEL  | MAJOR  | MINOR  |
|  UNDERGRADUATE (485, 497) GRADUATE (685, 697)  | SEMESTER  | YEAR  |
| COURSE PREFIX  | COURSE NUMBER  | CREDIT HOURS  |
| INSTRUCTOR    | CLASS #  | PERMISSION #    |

Please attach a description of the INDEPENDENT STUDY / RESEARCH project. Include the approximate number of hours of work, whether a log will be kept, student-faculty procedures employed, as well as the content and requirements of the course.

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Student Signature Date

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Faculty Director of Study Date

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Student’s Faculty Advisor Date

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Date

5/2016