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