

# INDEPENDENT STUDY/RESEARCH FORM

Department of Sociology & Social Work

PLEASE PRINT

<input type="checkbox"/> RESEARCH	<input type="checkbox"/> INDEPENDENT STUDY
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## STUDENT INFORMATION

NAME		NAU EMPL ID
ACADEMIC LEVEL	MAJOR	MINOR
<input type="checkbox"/> UNDERGRADUATE (485, 497) <input type="checkbox"/> 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.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Director of Study

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Faculty Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

2/2006