



Washington University in St. Louis

UNIVERSITY COLLEGE IN ARTS & SCIENCES

University College / Summer School Independent Study Proposal

Student Contact Information and Semester

_____	_____	_____	
Last Name, First Name	Student ID#	Major / Program of Study	
_____	_____	_____	_____
Address	Home Phone	Work Phone	Email Address

Signature (Required)			

Instructions

- 1) Meet with your advisor to discuss independent study options. To be eligible for independent study or directed readings, University College students must have a cumulative minimum 3.0 GPA and must be admitted to a degree program. A maximum of six units of Independent Study may be counted toward your major. See the University College Bulletin or for further information about independent study.
- 2) In consultation with a faculty member, write a project description including a) the scope and details of the course, b) requirements to be fulfilled (readings, exams, papers, etc.), c) tentative meeting schedule, d) basis for grade determination, and e) any other pertinent information. In general, research and reading assignments should be equivalent to those required for a comparable course offered in the traditional format. As with any course, completion of all projects and the final grade are required at the end of the semester in which the independent study is registered.
- 3) Complete this form and submit it, along with the project description, to the instructor for approval.
- 4) After receiving the instructor's approval, and the Coordinator's signature, submit form to University College, Campus Box 1085, Washington University, Attn: Assistant to the Registrar, 11 N. Jackson Rd., Ste. 1000, St. Louis, MO 63105. Or fax to (314) 935-6744.
- 5) After receiving notification of University College / Summer School approval, register for the course.

Course Information (Please Print)

_____	_____
Project Title (Required)	Semester / Year
_____	_____
Will this project be used as part of an Undergraduate or Graduate Program?	# of Units

Instructor Information and Approval

_____	_____	_____	_____
Last Name, First Name (Please Print)	Webfac/Telesis ID#	Phone Number	Email Address
_____			_____
Signature (I have reviewed the written independent study proposal and agree to supervise it for the semester indicated.)			Date

University College Coordinator Information and Approval (Or Faculty Advisor for Summer Day Students) If you need information regarding the program Coordinator, contact the Assistant to the Registrar at (314) 935-6749.

_____	_____	_____
Last Name, First Name (Please Print)	Department/Program	Email Address

Signature (I have reviewed the written proposal and approve of this student working on this independent study topic with this instructor).		

University College Use Only

_____	_____	_____
Course Department	Course Number	Section Number
UC/SS Approval (Y/N)? _____	Signature _____	
Tutorial (Y/N)? _____	If Yes, Dean's Signature Required _____	

