



EASTERN KENTUCKY UNIVERSITY

Serving Kentuckians Since 1906

INDEPENDENT STUDY PROPOSAL FORM Graduate Students

Name: _____ EKU ID#: _____

Phone Number: _____ Email: _____

Program of Study: _____ Term of Project: Spring Summer Fall

Course: _____ Section: _____ Credit Hours: _____

Description of work to be done (attach detailed outline): _____

Student Signature _____ Date: _____

For completion by faculty advisor:

This Independent Study will be used as: Replacement on planned program Elective Core requirement

Proposed method for student evaluation: _____

Dates for progress reports: _____, _____, _____, _____

Any special conditions: _____

Faculty member supervising independent study: _____

APPROVED BY:

Program Chair Date

Graduate Program Advisor Date

College Dean Date

Graduate Dean Date

CC:

Program Chair
College Dean
Student's Advisor
Graduate Dean

