Graduate Program, Department of Communicative Sciences & Disorders

College of Liberal Arts and Sciences, University of Iowa

Request for Independent Study

Student (Name, HawkID): _____ Semester/Year: _____

Proposed Independent Study Credits: _____ Previously Enrolled Independent Study Credits: _____

Supervisor (Name, email address): _____

Description (subject matter, purpose, methods) _____

_____

_____

_____

Rational (why independent study rather than a regular course) _____

_____

_____

_____

Work to be completed (type and amount of reading, writing, etc.) _____

_____

_____

Estimated contact hours per week with instructor _____

Deadline for submitting final product/evaluation/report _____

Evaluation procedure_____

_____

_____

_____

Student (name, date, signature) _____

Supervisor (name, date, signature) _____

Email completed forms to the Graduate Program Coordinator