

APPLICATION FOR INDEPENDENT STUDY (HIST 489/ 490)

Applicant: Please e-mail the completed form to the department chair, and also submit a hard copy. Both are due by the Friday before registration for the subsequent semester.

STUDENT'S NAME: _____

Semester Fall_____ Spring_____

Year 20_____

Departmental GPA: _____ (3.2 minimum)

HISTORY COURSES TAKEN

Course

Semester

Grade

Course	Semester	Grade
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

DESCRIPTION OF STUDY:

Empty box for description of study.

Research Questions:

Annotated Bibliography:

Student Signature

Date

Approved:

Directing Department Member

Date

Approved:

Department Chair

Date