

before the end of the Drop/Add period.

‰ Plan and/or Outline of Study , including a Bibliography

‰ Course Objectives and Requirements reviewed by the supervising instructor

A. To be filled out by the student.

Last Name		First Name	MI Washington College ID#
			/ /
Start Term at WC	Current Class (e.g. Soph.)	Anticipated Graduation Date	Date of Birth (mm/dd/yy)
Email Address		Telephone Number	Campus Box #

Credit Hours Requested for this Independent Study / On-Campus Research:

‰ 2 credits requires no less than 5 meetings with instructor

‰ 4 credits requires no less than 10 meetings with instructor

Title of Independent Study or On-Campus Research		Department or Subject Area	
		/ /	/ /
Supervising Instructor	Expected Hours of Study per Week	Start Date	Completion Date

Student Signature	Date

B. To be filled out by the supervising instructor and department chair.

Supervising Instructor Signature	Date
Department Chair Signature	Date

instructor is generally a member of the department and has a different catalog number

Instructions: Attach copies of the plan and outline of study and course objectives and requirements reviewed by the supervising instructor.