

ASTE/FCSE 6900 (1-4 credits)
Independent Study Approval Form

Please complete this form and submit to the ASTE Graduate Advisor, Debra Spielmaker, (debra.spielmaker@usu.edu).

Name: _____ A#: _____

Semester: _____ Year: _____

Credit(s) Desired: _____ Estimate of Project Hours: _____

Please attach a file (MSWord or PDF) that includes the following:

1. Proposed project title:
2. A brief description of the proposed project that discusses the projects need or significance.
3. An outline of the procedures you will follow in pursuing this project. Include specific objectives, activities, a timeline, and, if applicable, your evaluation for this project.

As the Student taking this independent study, I recognize and concur that the assignment will be completed by myself with the assistance and to satisfaction of the faculty chair/supervisor, whose signature appears below, no later than _____ (date).

Student Signature: _____ Date: _____

Graduate Committee Chair: _____ Date: _____

Faculty Supervisor: _____ Date: _____

Other/Sponsor (optional): _____ Date: _____

Completion of Contract Verification

Date Completed: _____ Grade Earned: _____

Faculty Supervisor Signature: _____

Comments: