

# MLA LARCH 600 REQUEST FORM

## STUDENT / FACULTY AGREEMENT FOR INDEPENDENT STUDY

*This form should be completed by all students doing an Independent Study. Complete this form AFTER you have worked with a faculty member to determine the parameters of your Independent Study. If you have questions, contact the Graduate Program Advisor.*

STUDENT NAME: \_\_\_\_\_ UW EMAIL: \_\_\_\_\_

DEGREE (MLA; MLA/MARCH; MLA/MUP): \_\_\_\_\_ QTR/YEAR: \_\_\_\_\_

GRADING SYSTEM:  standard numerical (4.0)  credit/no credit # OF CREDITS: \_\_\_\_\_

INDEPENDENT STUDY TITLE:

STATEMENT DESCRIBING THE PROPOSED PROGRAM OF STUDY OR RESEARCH:

STATEMENT OF EXPECTED OUTPUT OR PRODUCTS AND DUE DATES:

*If submitting this form digitally, an email indicating the Faculty Sponsor's approval may be attached in place of a signature. Please write "email attached" on the signature line and combine this form and the email into a single pdf file.*

Faculty Sponsor signature: \_\_\_\_\_ Date: \_\_\_\_\_

GPA signature: \_\_\_\_\_ Date: \_\_\_\_\_