

BLA LARCH 499 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 Undergraduate Program Advisor.

STUDENT NAME: _____

UW EMAIL: _____ 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: _____

UPA signature: _____ Date: _____