Master of Arts in Applied Arts and Sciences
Outline of Plan for Independent Study

Please complete this form and submit with the “Permission to Register for Independent Study” form, after getting the instructor’s signature on both, to Julee Johnson, MAAS Office, by the first day of classes.

Reminders:
• You must have taken 6 hours of graduate level courses.
• You must have attained at least a B average
• You may count 6 hours of independent study toward your plan of study.

Date: ______________

Student’s Name: ___________________________ ID #: _________________________

Daytime Phone: (______)__________________________ E-mail Address: ____________________________

Course #: MAS 650  Semester/Year: ___________________________ Semester Hours Credit: ______________

Title of Independent Study ____________________________________________ Specific topic of study

Statement and Purpose of Study (use the back if more space is needed):

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Methods and Procedure (use the back if more space is needed):

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Signature of Instructor ______________________ Date ______________________

Signature of Dean, Department Head, or Director of Graduate Study ______________________ Date ______________________