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 a MAAS advisor, 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):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of Instructor ___________________________ Date ___________________________

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