GRADUATE INDEPENDENT STUDY

I have agreed to supervise \_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In WRTG [ ]  6910 [ ]  7910 (check one) for \_\_\_\_ credit hours

[ ]  Spring [ ]  Fall \_\_\_\_\_\_\_\_

 Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Supervisor's name (please print) Supervisor's signature Date

Comments:

Approval:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Director of Graduate Studies name Director of Graduate Studies signature Date

Description of Study:

Outcome:

**Reading List for Independent Study Course**

**Critical Readings:**