MILR Independent Study Proposal (ILR 7990)

An Independent Study Proposal must be developed in consultation with a faculty supervisor to cover material not addressed in regularly scheduled courses. Submission of this form indicates the student and faculty supervisor have agreed to the information stated below. All Independent Study Proposals must be approved by the Graduate Committee at which time you will be manually enrolled in the course. You must submit this completed form to the ILR Graduate Office in 218 Ives prior to the start of the semester you plan to take the course.

Student Name:	Student ID#:	NetID:
Supervising Faculty:	Semester:	Credit Hours (1-3):
Grade Option: <u>Letter grade only</u>		
Working Title of Study:		
Proposal: Please include the following in your attached pro 1. A concise statement describing what you p 2. A statement of your research question or hy 3. An explanation of your research question of a description of the methodology you will be conduct interviews or a survey, for example ask, how you will recruit your subjects, and 4. The specific deliverables your independent 5. A list of articles and books that you will be would like to know what materials you will Resources to be used (check all that apply): Primary documents and archived material	propose to study ypothesis or hypothesis or hypothesis and its importance in relations to answer your research question or lee, please provide the committee with a study will accomplish to using for the project. This need not be eatlied be reading and discussing with the superior of the project. The superior of the project.	hypotheses. If you plan to ample of the questions you will exhaustive but the committee ervising faculty member.
Surveys - To how many respondents? Faculty Statement: Supervising faculty member	Other (please describe) r must attach or email ilrgradprograms@	
support and indicate how this project will advance		
Signatures & Approvals:		
I have reviewed this request and recommend app	roval to the Graduate Committee.	
Instructor printed name	Instructor signature	Date
I understand this policy and certify the above and	d attached information is correct and true	e.
Student signature	Date	

For Office Use Only: Graduate Committee Decision_____ Date___