

## INDEPENDENT STUDY/DIRECTED RESEARCH PROPOSAL FORM

Please complete this form and obtain signatures of approval BEFORE registering. Return the form to the main office of the department that is administering the independent study. This form is for department records and is used to assign a grade at the end of the semester. Some academic departments will register you for Independent Study. If not, you must complete a Registration/Change of Schedule Form and submit it to the Office of the Registrar, Administration Building, Room 210, to be officially enrolled. **Reminder: The last day to register for courses without a \$250 late charge in the Fall/Spring Semesters** is the 21<sup>st</sup> day after the first day of classes; for **Winter/Summer Sessions** (to avoid a \$50 late charge) register by the day before the last day to drop with deletion from the record.

<b>Student Name</b>		<b>Student ID #</b>			
<b>Student Phone #</b>		<b>Student E-mail</b>	@arizona.edu		
<b>Course Number</b>	ASTR      PHYS				
<b>Independent Study</b>	299      299H	399	399H	499	499H
<b>Directed Research</b>	392	492	498	498H	Other:

**Number of Units** \_\_\_\_\_ [Note: The University and Board of Regents have set a standard of 45 hours of course work for each unit of credit awarded.]

**Semester** \_\_\_\_\_ **Year** \_\_\_\_\_

**Project Advisor** \_\_\_\_\_

**Department** \_\_\_\_\_

**Title of Project** \_\_\_\_\_

**Estimated hours per week Student will spend on project** \_\_\_\_\_

**Estimated Project Advisor/Student contact hours per week** \_\_\_\_\_

**Description of project, including anticipated product (see policy #5):** (syllabus or project plan may be attached)

**SIGNATURES:**

Required:

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Project Advisor** \_\_\_\_\_ **Date** \_\_\_\_\_

Suggested:

**Degree Advisor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dept. Head** \_\_\_\_\_ **Date** \_\_\_\_\_