UNIVERSITY OF SOUTHERN MAINE

OFFICE OF THE REGISTRAR

INDEPENDENT STUDY APPROVAL

ID#_____ _____ _____ Date _____

_____

Student Name: Last First Middle Initial

Independent Study Course Information:

_____	_____	_____	_____
Crn	Course #	Title	Credits

Check one: ( ) Fall ( ) Spring ( ) Summer

Your proposal for an Independent Study Project must address **each** of these five topics:

1. **Learning Objectives**: What will you learn to do, know, or understand as an outcome of this project?

2. **Activities**: What will you do? Be specific, indicating what you will observe, measure, perform, etc.

3. **Resources**: What will you need for the project? Include bibliography, people, agencies, budget and equipment.

4. **Evaluation**: What will you produce or perform which your faculty sponsor will evaluate for a final grade? How frequently will you confer with your faculty sponsor?

5. **Preparedness**: How can you verify your capacity to carry out this project? Include instruction, experience and ambition.

_____ _____

Signature Approval of Instructor (who will supervise you)

Signature Approval of Department Chair (in which course will be offered)

_____ _____

Print Name **Print Name**

Copy: Diane Hoyt, Registrar's Office, 113 Corthell Hall, Gorham, Fax: 780-5517