

ST. THOMAS UNIVERSITY

Independent Study Proposal

Last Name	<input type="text"/>	First Name:	<input type="text"/>
Student ID	<input type="text"/>		
E-mail:	<input type="text"/>	Phone:	<input type="text"/>

Academic Year (eg. 2002-03)	<input type="text"/>	Semester: Full-year (Sept.-Apr.)	
		S1 (Sept.-Dec.)	I1 (May-June)
		S2 (Jan.-Apr.)	I2 (July-Aug.)

Dept.	Course No.	Title	Credit Hrs	Professor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Description:	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Method of Evaluation:	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Chair:

Professor:

Student:

Registrar:

Date Submitted:
 YR MO DY

Date Approved:
 YR MO DY

Copies: 1) Student 3) Student File
 2) Professor 4) Independent Study File