Department of Classics Independent Study Proposal

Please complete this form and obtain signatures of approval BEFORE registering. Return the form to the main office of the department. This form is for department records and is used to assign a grade at the end of the semester. Depending upon date of enrollment, it may be possible for you to register for an Independent Study in the Department. 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 21st 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.

On the attached sheet, please include:

- Reading List, Schedule, Syllabus (number units, meetings, etc.)

- Workload equivalency, e.g.,
  
  3 units @ 499=same number of lines of text as 4xx

- List of prerequisites and indicate how and when fulfilled

- Evidence (in the case of language classes) of concurrent regular enrollment (i.e., not audit) at the appropriate level

- Evidence that the IS is not duplicating existing course offerings

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Department of Classics
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Student Name ___________________________ Student ID # ____________________________

Student Phone # _________________________ Student E-mail __________________________

Course Subject (circle one) CLASSICS GREEK LATIN

Course Number (circle one) 199 199H 299 299H 399 399H 499 499H 599

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__________________________________________________________

Title of Project____________________________________________________________

Estimated hours per week student will spend on project________________________

Estimated project advisor/student contact hours per week_____________________

Brief description of project, including anticipated product reflecting the following
requirements (attach additional page if necessary): The proposed Independent Study
must be an independently conceptualized and well-focused research project and the
content cannot duplicate material offered in the curriculum.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

SIGNATURES REQUIRED:
STUDENT_____________________________ DATE___________

PROJECT ADVISOR________________________ DATE________

DEPARTMENT HEAD______________________ DATE_________

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