Center for Urban and Public Service

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Independent Study Form

*Students must complete this form in consultation with the supervising faculty member and submit it to the PhD Director for approval in advance of registering for the course.* ***Please type in the spaces provided and email to the PhD Director, copying the supervising faculty member.***

**Date:**

**Student name: RUID:**

**Faculty member supervising independent study:**

**Semester and year:**

**Specialization field:**

(this should be one of the student’s two specialization fields)

**Description of research project of other coursework** (be specific with respect to the substantive area and expected work products):

*Signature Date*

*Faculty member*

*Signature Date*

*PhD Program Director*