
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:

Faculty member:

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):