MICHIGAN STATE UNIVERSITY
APPLICATION FOR INDEPENDENT STUDY
PLEASE READ THE GUIDELINES BEFORE COMPLETING THIS FORM.
ALL ITEMS MUST BE COMPLETED BEFORE APPROVAL SIGNATURES ARE OBTAINED.

NAME: ____________________________
Last: ____________________________ First: ____________________________ Middle Initial: ____________________________

PID: ____________ LEVEL: ____________ CLASS: ____________ MAJOR: ____________

DATE: ____________________________ CUMULATIVE GRADE POINT AVERAGE: ____________________________

COURSE ALPHA CODE AND NUMBER: SOC 890
SECTION NUMBER: 002
CREDITS 1, 2, or 3
SEMESTER: Fall 2014
circle one

Number of other Independent Study credits to be earned the same semester: ____________________________
Total of prior Independent Study credits in semester credit equivalents: ____________________________

1. DESCRIPTION (Subject matter, purpose, methods) SEE SYLLABUS


2. RATIONALE (Why independent study rather than regular course?) Course offered only in this format.


3. PREPARATION (Relevant course work, reading, work experience, etc.) ____________________________


4. WORK TO BE COMPLETED
   (a) Type and amount of reading, writing, lab work, etc. SEE SYLLABUS ATTACHED

   (b) Estimated contact hours per week with instructor: 3

   (c) Deadline for submitting work for final evaluation: Dec. 12, 2014

   (d) Evaluation procedure: Instructor evaluation of final proposal/paper.


STUDENT’S SIGNATURE ____________________________ PHONE ____________________________

Instructor Signature ____________________________ Date ____________________________

Dr. David Wiley
Instructor Name - Printed

APPROVALS

Academic Adviser ____________________________ Date ____________________________
Chairperson, Department Offering Course

Photocopies should be sent, per College preference, to: Asst. Dean, Student’s College Adviser

Instructor Signature ____________________________ Date ____________________________
DISTRIBUTION (By Department Offering Course)
Chairperson, Dept. Offering Course
Student
Instructor