

Independent Study Permission Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_@duke.edu Student ID: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Major(s)/Minor(s): \_\_\_\_\_

Course Number: \_\_\_\_\_

Field Designation: \_\_\_\_\_  
(BI, N, PI, PE, SPC, etc)

Term: \_\_\_\_\_

Title of Independent Study: \_\_\_\_\_

Short Title: \_\_\_\_\_  
Limit 30 characters, including spaces

Supervising Faculty Member: \_\_\_\_\_

**On the following page, please provide the following information:**

1. Title and Description of Proposed Study:  
*Provide an one to two paragraph description of the proposed study, including topic, course goals, research/readings to be conducted.*
2. Nature of the Final Product:  
*Describe the nature and length of the final product.*
3. Scheduled Meetings and Work Expectations:  
*Provide information on frequency and length of meetings with instructor, and expected work commitments and/or timetables.*
4. Grade to be based on:  
*Provide information on how your work in the course is to be evaluated.*

Description of independent study: Final product; scheduled meetings and work expectations; grade basis:

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Approval signatures:

\_\_\_\_\_  
Faculty member                      Signature                      Date

Assigned Course and Section Number: \_\_\_\_\_

Assigned Permission Number: \_\_\_\_\_