

**INDEPENDENT STUDY FORM – HISTORY DEPARTMENT**

**STUDENT NAME (please print):**

\_\_\_\_\_

**Title of Proposed Independent Study:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

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**DEPARTMENT SUPERVISOR:** \_\_\_\_\_

**Advisor/External Reader (required for 4990):** \_\_\_\_\_

**Due Date:** \_\_\_\_\_

**Department Chair:** \_\_\_\_\_

**Specific Requirements for the Independent Study Set by the Supervisor:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_