MEIS – Independent Study Form

Name______________________________________________________________

N#______________________________________________________________

eMail ____________________________________________________________

Semester/Year______________________________________________________

Number of Credits: 1pt 2pt 3pt 4pt

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*I agree to work with this student and to assign a grade at the end of the semester based EITHER on research completed during the semester OR on the completed written work.*

Faculty Approval Signature_____________________________________

Faculty Instructor (print)________________________________________

DUS Approval Signature_________________________________________

DUS Approval (print)___________________________________________