

## 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) \_\_\_\_\_