

**INDEPENDENT STUDY AGREEMENT**

**TO BE COMPLETED BY STUDENT:**

Name: \_\_\_\_\_

UIN: \_\_\_\_\_ Email address: \_\_\_\_\_

Overall GPA: \_\_\_\_\_ CLJ GPA: \_\_\_\_\_

Number of hours completed in CLJ: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Semester and year of Independent Study: \_\_\_\_\_ # of credit hrs: \_\_\_\_\_

Project Title: \_\_\_\_\_

Please attach a short statement of two or three paragraphs describing (1) the nature and scope of the project, emphasizing the learning goals; and (2) what the learning outcome or product of this activity will be (e.g., written report, presentation, etc.).

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

**TO BE COMPLETED BY INSTRUCTOR:**

The purpose of CLJ 399: Independent Study is to provide students an opportunity to explore a critical question, to learn a professional skill, or to study material or texts that lie outside the curricular offerings available at UIC. Time and effort involved in Independent Study should approximate that of an undergraduate-level course offered for the same number of credits.

I have approved the above student's Independent Study proposal and agree to work with him/her throughout the semester to achieve the stated learning goals. I accept responsibility for providing a grade for CLJ 399 based on the student's performance on this project.

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Social Science Advisor, 3<sup>rd</sup> Floor University Hall (UH)