

INDEPENDENT STUDY AGREEMENT (MGMT 497/ACCT 497)

StudentName: _____ B# _____

INDEPENDENT STUDY TITLE _____

Credit hours requested: _____ Total number of credit hours to be carried during semester: _____

Grading Option: Letter P/F (Letter grade requires approval by Associate Dean.)

PURPOSE/LEARNING OBJECTIVE:

METHODS TO ACHIEVE ABOVE:

EVALUATION:

StudentSignature _____ Date _____

FacultySupervisor'sApproval: _____ Date _____

School of Management Approval _____ Date: _____

NOTE: A total of (8) credit hours of independent study/internship/practice may count toward degree requirements. This form and the gold registration form must be completed and signed by the faculty member and student and then submitted to SOM advising for approval and registration. It is the student's responsibility to follow the add/drop dates as published by the University.