Plymouth State University
COLLEGE OF GRADUATE STUDIES

Graduate Independent Study Form

Must be submitted with current term course registration form

You are requesting a graduate-level independent study. For your application to be approved, you must provide a detailed outline of your proposed work. This form must be completed and the appropriate signatures obtained before you register for the course. If more space is required in any category below, please continue on the reverse or on another page.

Today's date _____

Student ID | Last name | First | MI

Home Address | City/Town | State | Zip

Program: ☐ EdD ☐ CAGS ☐ MAT ☐ MBA ☐ MEd ☐ MS ☐ Non-Degree

☐ 1 Credit ☐ 2 Credit ☐ 3 Credit

Independent Study Title: _____
Limited to 30 characters

Professor: _____ Start Date: ____/____/____ End Date: ____/____/____

ABSTRACT: (Overview of Proposal) _____

OBJECTIVES: (What are the specific learning outcomes which will result from this experience?) _____

PROCEDURES: (What specifically will the student do to meet those outcomes?) _____

PROPOSED BIBLIOGRAPHY: _____

Student Signature: _____

A professor may agree to sponsor an individual or may refuse out of respect for his or her regular teaching, research and services. Professors are not required to supervise independent studies.

Approval must be completed before course work begins.

Approved: ☐ Yes ☐ No _____ Date: ____/____/____
Professor

Approved: ☐ Yes ☐ No _____ Date: ____/____/____
Program Coordinator/Chair

Approved: ☐ Yes ☐ No _____ Date: ____/____/____
Associate Registrar

Mail to: Plymouth State University College of Graduate Studies - MSC 11, 17 High Street, Plymouth NH 03264-1595 or fax to: (603) 535-2572