



Project Adventure Independent Study Proposal Form

Student Name:
Mailing Address:
Phone:
E-mail:
Workshop Name:
Workshop Dates:
Workshop Facilitator:
Site:
Independent Study Project Name:
Department: PA
Course Number: 5560

Your complete independent study project is due **within three months** of the completion of the *Project Adventure* workshop you attended.

Proposal Outline: Attach your outline, registration form and the copy of your project approval from Mina Ayers and mail to:

Plymouth State University
College of Graduate Studies – MSC 11
ATTN: PA Registration
17 High Street
Plymouth, NH 03264-1595