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GRADUATE INDEPENDENT STUDY PROPOSAL

College of
DESIGN
ARCHITECTURE

ART
PLANNING

Please be advised: In order to enroll for a Graduate Independent Study with a faculty member, the student must be a matriculated Graduate Student in good standing at the University of Cincinnati, and the faculty member must agree to all terms in this proposal. A copy of this form and the attached work plan must be retained in the student's file.

STUDENT INFORMATION

Student Name: _____ M#: _____
Graduate Program: _____
Address: _____ Phone: _____
City, State, Zip: _____ Email: _____

COURSE INFORMATION

Course No: _____ Section No: _____
Call No: _____ Semester: _____ Credit Hours: _____
Course Title: Independent Study

FACULTY INFORMATION

Faculty Member Name: _____ Department: _____
Faculty Email: _____ Faculty Phone: _____

This work will be done as: Academic Elective Studio Elective

Independent Study Proposal Summary: _____

University of Cincinnati
School of Planning
PO Box 210016
Cincinnati, OH 45221
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513-556-4295



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INDEPENDENT STUDY WORK PLAN

Days/Hours to be Worked: _____

Goals and Objectives: _____

Process to Reach Goals: _____

Evaluation Criteria (including student/faculty meeting times) : _____

Signatures:

Student _____

Date _____

Instructor _____

Date _____

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