

GRADUATE INDEPENDENT STUDY PROPOSAL

College of DESIGN ARCHITECTURE	the student must be a Cincinnati, and the fa	a matriculated Graduate S culty member must agree	uate Independent Study with a faculty member, tudent in good standing at the University of to all terms in this proposal. A copy of this form the student's file.	
ART	STUDENT INFO	R M A T I O N		
PLANNING	Student Name:		M#:	
	Graduate Program:			
	Address:		Phone:	
	City, State, Zip:		Email:	
,	COURSEINFOR	MATION		
	Course No: Section No:			
	the student must be a matricu Cincinnati, and the faculty me and the attached work plan me and t		Credit Hours:	
	Course Title: Independent Study			
	Faculty Member Nam	ne:	Department: Faculty Phone:	
	This work will be done as: Academic Elective Studio Elective			
	Independent Study Proposal Summary:			
University of Cincinnati				
School of Design				
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School of Design PO Box 210016 Cincinnati, OH 45221 Attn: Sheri Cottingim

sheri.cottingim@uc.edu

513-556-4377





College of

INDEPENDENT STUDY WORK PLAN

DESIGN

ARCHITECTURE

ART

 ${\bf PLANNING}$

Days/Hours to be Worked:	
Goals and Objectives:	
Process to Reach Goals:	
Evaluation Criteria (including student/faculty r	neeting times) :
Evaluation Citteria (including student/faculty i	needing times)
Signatures:	
Student	Date
Jiuuelli	
Instructor	Date

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