

College of  
**DESIGN**  
**ARCHITECTURE**  
**ART**  
**PLANNING**

## GRADUATE INDEPENDENT STUDY PROPOSAL

**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: \_\_\_\_\_ Course Title: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

### FACULTY INFORMATION

Faculty Member Name: \_\_\_\_\_ Department: \_\_\_\_\_  
 Faculty Email: \_\_\_\_\_ Faculty Phone: \_\_\_\_\_

This work will be done as:  Academic Elective  Studio Elective

Independent Study Proposal Summary: \_\_\_\_\_  
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**INDEPENDENT STUDY WORK PLAN**

Days/Hours to be Worked: \_\_\_\_\_

Goals and Objectives: \_\_\_\_\_

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Process to Reach Goals: \_\_\_\_\_

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Evaluation Criteria (including student/faculty meeting times) : \_\_\_\_\_

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Signatures:

Student \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_