Undergraduate Independent Study Proposal

Policy
All DAAP programs offer Independent Study, i.e., an individual project in collaboration with a faculty member on a subject of mutual interest, based on a written proposal. This option is available to sophomores and upper class students only with a 2.5 cumulative grade point average. You need both the faculty member you are working with and the area advisor’s approval. Additional limitations are set by each DAAP program.

Date ______________________

Student Information:
Name: ____________________________________________ Phone: ____________________________
UC Email: ________________________________________________ Student ID# M________________________
Program ____________________________ (circle one) Sophomore Junior Senior

I propose to do an Independent Study in the ____________________________ program, under the instruction of the faculty member below, for ________ credits according to the attached work plan.

I understand that once this proposal is approved by my area advisor, I must bring the signed form to the School of Art office in order to enroll in ________ so that these credits count on my academic record.

Class Number

Faculty information:
Name: ____________________________________________ Phone: ____________________________
UC Email: ________________________________________________ Dept: ____________________________

This work will be done in the ________ semester as: ☐ Academic elective ☐ Studio elective

Study Proposal Summary:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

SIGNATURES - Affixing signature affirms agreement with the terms of this document.

Student: Signature: ____________________________________________ Date: ____________________________
Faculty: Signature: ____________________________________________ Date: ____________________________
Advisor: Signature: ____________________________________________ Date: ____________________________
UNDERGRADUATE INDEPENDENT STUDY WORK PLAN

Start Date: ___________       End Date: ___________       No. of credit hours registered for: ___________

Days/Hours to be Worked: ____________________________________________________________

Goals:______________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Process to reach goals:_______________________________________________________

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Evaluation criteria:___________________________________________________________

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Revised February 2019