



ST. THOMAS UNIVERSITY

Independent Study Proposal

Last Name:  First Name:

Student ID:

E-mail:  Phone:

Academic Year  Semester:

(eg. 2002-03)  Full-year (Sept.-Apr.)

S1 (Sept.-Dec.)  I1 (May-June)

S2 (Jan.-Apr.)  I2 (July-Aug.)

Dept.	Course No.	Title	Credit Hrs	Professor

Description:

Method of Evaluation:

Chair:

Professor:

Student:

Registrar:

Date Submitted:     
YR MO DY

Date Approved:     
YR MO DY

- Copies: 1) Student      3) Student File  
 2) Professor      4) Independent Study File