

PROPOSAL FOR SUPERVISED INDEPENDENT STUDY

Instructions:

This form requires the signature of three (3) different Geoscience Department Faculty members, among whom must include the student's advisor and course instructor. It is the **student's responsibility** to obtain all information pertinent to this form and **all three signatures are required**. Must include how student will be assessed to determine final grade.

PRINT LEGIBLY

Student Name: _____ Date: _____
NSHE ID: _____ Term: _____ Year: _____
Email: _____
Course Name & Number: _____ # of Credits: _____
Date to be Completed: _____

Description Work: *Feel free to attach a work document for description*

How will final grade be assessed:

Student Signature Date

Advisor Name

Advisor's Signature

Date

Course Instructor Name

Course Instructor's Signature

Date

Department Chair Signature

Date

PRINT LEGIBLY