

Registration & Scheduling Services 140 Luther Bonney, Portland Campus 107 Bailey Hall, Gorham Campus TEL (207) 780-5230 TTY (207) 780-5646 FAX (207) 780-5517 registerusm@maine.edu usm.maine.edu/reg

INDEPENDENT STUDY APPROVAL

MaineStreet ID #:			Date:		
		(7 digits)			
Student	Name: (please print)				
		Last	First	Μ	
Indepen	dent Study Course Inf	ormation:			
CRN	Course #	Title		Credits	
Check or	ne: () Fall	() Spring	() Summer		
Your pro	posal for an Independ	ent Study Project must ac	ldress <u>each</u> of these five	e topics:	
	Learning Objectives : f this project?	What will you learn to d	o, know, or understand	as an outcome	
	<u>Activities:</u> What will you do? Be specific, indicating what you will observe, measure, perform, etc.				
	<u>Resources</u> : What will you need for the project? Include bibliography, people, agencies, budget and equipment.				
	Evaluation : What will you produce or perform which your faculty sponsor will evaluate for a final grade? How frequently will you confer with your faculty sponsor?				
	<u>Preparedness:</u> How can you verify your capacity to carry out this project? Include instruction, experience and ambition.				
Ī	Student Name (PRINT)		Student Signature		
Ī	Instructor Name (PRINT)		Instructor Signat	Instructor Signature for Approval	
Ī	Dept. Chair Name (where course offered)		T) Department Cha	ir Signature for Approval	
Ē	Dean Name (where cou	rse offered) (PRINT)	Dean Signat	ure for Approval	

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