Department of Cinematic Arts

AUTHORIZATION FOR GRADUATE INDEPENDENT STUDY

Three signed copies of this form - for the student’s advisor, for the faculty member supervising the Independent Study, and for the student’s permanent record - must be completed. **Important Note: Make sure you enroll in the course on MyUI in order to earn credit for the course.

Name ____________________________________ UID __________________Term ________________

Description of Study ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Purpose of Study _______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Why are you taking an Independent Study rather than a scheduled course?__________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List previous coursework relevant to proposed Independent Study ________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Number of Credits _________________ Target Completion Date _______________________

Grading System (S/U or Letter Grade) __________________________

Student’s Signature __________________Date __________________

Approved:

Instructor __________________Date __________________Advisor __________________Date 

Head of Program __________________Date __________________DEO __________________Date