

Department of Economics
University of Illinois at Chicago

Independent Study Form

Last Name

First Name

UIN

Supervising Instructor's Name

Course

Credit Hours

Semester and Year

College

Major

Title of Independent Study Project:

Note: Attach to this form a statement indicating the reason for the independent study, a description of what will be done, a brief list of readings and the basis for the grade (e.g., paper, exam).

For Office Use ONLY

APPROVED: _____
Supervising Instructor's Signature

Date

APPROVED: _____
Department Head's Signature

Date