Independent Study Proposal form
CALA Room A303D | 1040 N. Olive Rd (520) 621-9819

Please complete this form and obtain signatures of approval BEFORE registering. Once complete bring it to the College of Architecture and Landscape Architecture Graduate Programs Coordinator. This form is for academic records and is used to assign a grade at the end of the semester. Signatures (Required)

Students should have a specific proposal or project in mind and have consulted with their committee Chair before requesting registration.

REMINDER: The last day to register for courses without the $250 census date late charge in the Fall/Spring semesters is the 21st day after the first day of classes. For Winter/Summer sessions (to avoid a $50 late charge) register by the day before the last day to drop with deletion from the record.

THIS FORM MUST BE TYPED OR PRINTED NEATLY.
Illegible forms will not be accepted.

Name: ___________________________________________ SID: __________________________

Semester: □ Fall □ Spring □ Summer Year: __________ Defense Date: ________________

Program: □ ARC □ LAR □ PLG Project Advisor/Section No. ________________________

Course Number: □ 593 / 693 Internship Number of Units: ________________

□ 599 Independent Study
□ 699 Independent Study
□ 799 Independent Study

Department________________________ Project Advisor__________________________________________________________________________

Title of Project__________________________________________________________________________________________________________

Estimated hours per week Student will spend on project ___________________________

Estimated Project Advisor/Student contact hours per week _________________________

Please attach a description of the project, including anticipated product.

Student: ___________________________________________________________ Date: ________________________

Project Advisor: ____________________________________________________ Date: ________________________

Degree Advisor: ____________________________________________________ Date: ________________________