

NOTRE DAME OF MARYLAND UNIVERSITY

YEAR & SEMESTER	
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REQUEST FOR INDEPENDENT STUDY/DIRECTED READINGS

	SSN or Colleague ID:		Date of Birth:			
	Name:		Daytime Phone:			
			Program:	□WOM	□ CAUS	
covere in cons	dependent Study or project is a serious commitment by a d in a course taught at the college. Independent Study contains with the faculty supervisor, will determine the mum of 15 hours of work in the course.	number of credi	ts to be earned	d in the cours	se. The awarding	of one credit requires
Bring (his completed form to the Registrar's Office with the Reg	istitution of Diop		edits:		
Course	e ID:		.		•	
Descri	ption of Study or Project:	·				
Lagrni	ng Objectives:					
		•				
Metho	ds of Evaluation:					
				: + *		
	Student Signature/Date	·	Acade	mic Advisor's	Signature/Date	
	Assistant Academic Dean's Signature/Date	<u> </u>	I	Registrar's Sig	nature/Date	