Department of Animal and Food Sciences
Independent Study

Title: ________________________________________________________________

Faculty Supervisor: ___________________ Student Name & ID __________________________ (Please print)

ANFS ___ 66 Letter Grade or P/F (Circle one)

Number of credit hours: ___ (1 credit = a minimum of 40 hours of work) _______ Semester

Please briefly describe the objective of this project.

Basis for Grade Determination (A final paper or exam is required.)

Number of Exams (list type-oral, practical, etc.) % of Final Grade

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________

Term Paper, Report, etc.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other Responsibilities (notebook, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signatures:
Student ____________________________________________

Faculty Supervisor ____________________________________________

Associate Chair ____________________________________________

Entered to UDSIS ________ Initials/Date

THIS FORM MUST BE COMPLETED BEFORE CLASS IS ENTERED TO UDSIS

Original, Student Copy, Faculty Supervisor Copy, Department File

(Titling Form also required)

Revised 2/29/08
Special Problem/Independent Study
TITLING FORM
Office of the University Registrar

Instructions:
1. Register for course
2. Complete all information below.
3. Have instructor sign.
4. Submit form to department overseeing Independent Study.

Student Name: ____________________________
(Print Clearly) (Last) (First) (M.I.)

EMPLID: ____________________________ Date of Birth: ____________________________

Program/Plan: ____________________ Term: __________________

Course:
| 4 Letter Alpha Code | Course # | Section # | Credit Hours |

Course Title: ____________________________ (Limited to 25 Characters/Spaces)

Completing this form does NOT constitute course registration.

STUDENT MUST SUBMIT COURSE REGISTRATION

Course Titling requires instructor's approval:

__________________________  ____________________________
Instructor's Name (print)  Instructor's Department

__________________________  ____________________________
Instructor's Signature  Date

Titling Form – Special Problem.doc 11/08/07/KCD/Registrar's Office