

INDEPENDENT STUDY PROJECT FORM

Name: _____ Date: _____

Rank/Yr in School: _____ Quarter(s): _____ Course#: _____

E-Mail Address: _____ Credits: _____

Dance Dept. Advisor: _____

Title of Project: _____

Statement of Problem (What do you intend to do?): _____

Procedure/Method (How do you plan to carry out your investigation?): _____

Amount of time needed to complete project: _____

Expected outcome (if know): _____

Professional Contact/Consultant/Cooperating Teacher (If applicable, please give name and contact telephone number): _____

Field Site (if applicable): _____

Student Signature: _____ Date Completed: _____

Project Advisor Signature: _____

Grade: _____

Make 3 copies of this form. Give a copy to the Academic Program Coordinator, your Advisor, and keep one for yourself.