

## **ACADEMIC PERSONNEL**

100 Campus Center • Seaside, CA 93955 T (831) 582-3385 • F (831) 582-4736

## **Independent Study Agreement**

- Each student enrolled in a supervised Independent Study, research, or reading course must have an agreement on file in the Department/Division.
- The content of any Independent Study must be a subject for which there is no current learning experience at CSUMB.
- All Independent Study projects must get advance approval by the sponsoring faculty member, the Chair, and Dean.
- This completed form must be approved prior to receiving a schedule number and application to add.

(Please print)				
Student Name:		Student ID Number: Course Number:		
Faculty Sponsor:				
Semester:	Year:	Major:		
Proposed Title:			Units:	
		,	e a description of the work to be accompl ch additional sheets if needed).	ished
2. Describe the	nature of the final	report, the expected	d end product or deliverables.	
3. Describe the	basis for determir	ning the final grade.		
Student Signature:			Date:	
Faculty Signature:			Date:	
Dept./Div. Chair Signa	ture:		Date:	
College Dean Signature:			Date:	