

**Independent Study Proposal Form
CSTU 4110-1**

A copy of this completed form should be retained by the student, the instructor, and by the Division office.

Prerequisites: 12 Credits AHIS or CSTU; Proposal; Approval and Signatures.

Student's name and ID# _____

Semester in which study will be taken

Year: Fall Winter Summer I Summer II

Names and grades of courses that comprise the prerequisite for this Independent Study

NSCAD AHCS Instructor Information

Instructor: _____

Requirements for credits to be granted:

Proposal Title: _____

Proposal and Bibliography (please attach)

Divisional Chair Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____