



**Independent Study, Doctoral Research or Dissertation**  
**Course Request Form**

*(Please complete as much as possible in order to set up the course so student may register - please submit to the appropriate program assistant: Masters or Doctoral.)*

*(\*Please note that this course should be in the student's plan of study.)*

*(\*Text fields will expand as you type.)*

**Student:**

**PID:**

**Email:**

**Faculty Member:**

**Course:** *Please select one:*

<input type="checkbox"/> IDS 6999 Graduation Requirement	<input type="checkbox"/> NGR 7919 - Doctoral Research
<input type="checkbox"/> NGR 6908 - Independent Study (PhD)	<input type="checkbox"/> NGR 7980 - Dissertation

**Credits:**  1  2  3  6

**Semester:**  Fall  Spring  Summer (**Session:**  A  B  C  D) **Year:**  2017  2018

**Project Title:**

**Objectives:**

**Requirements:**

**Evaluation Criteria:** *(With timeline)*

Student Signature:

Date:

Faculty Signature:

Date:

Final Grade:

Approved: \_\_\_\_\_

Dr. Susan Chase, Associate Dean

\_\_\_\_\_

Date