Petition for Independent Study (Math 399-0)

Student name _________________________________ ID # ________ Email address __________________________________________

Professor supervising independent study _________________________ Quarter/academic year _________________________

Please give a brief description of the project, including the titles of texts and/or papers and the chapters or sections within them that will be read.

How often will meetings between the student and supervisor take place? ______________

How many such meetings will there be in total during the quarter? _________

What is the student expected to do at these meetings?

On what basis will the student's grade be determined?

Signature of Student _____________________________ _____________________________

Signature of Supervisor _______________________________________________________

After the above signatures are obtained, leave this form in Prof. Stein's mailbox on the second floor of Lunt for his approval. A permission number will be emailed to the email address above within 3-5 days.

Approval of DUS _____________________________ Date ______________