

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 _____