

Cleveland State University

Department of Mathematics and Statistics

(select one) Independent Study: MTH 497__ 597__ 697__
STA 497__ 597__ 697__

To be filled out by instructor and student. Please Print or Type in the appropriate fields. Submit electronic copy to mathematics@csuohio.edu. For projects that will take place in a semester for which enrollment is not yet open, please wait to submit form until enrollment has been opened for the academic year containing that semester.

Student Name: _____ CSU ID: _____

Student Email (CSU preferred): _____ Term/Year: _____
(If summer indicate 6W1__ 6W2__ 8W__ 10W__)

Faculty Advisor: _____ Credit Hours #: _____

In each category below, be as precise as possible while recognizing the tentative nature of some decisions.

Proposed Project Title: _____

Readings to be covered: _____

Papers to be written: _____

Number of meetings with advisor planned: _____

Basis for assignment of final grade and any applicable deadlines:

I have discussed my proposal with the faculty member named above. I agree to all requirements and deadlines for this Independent Study.

Student signature: _____ Date: _____

I agree to supervise the student listed above. We have discussed the proposal, requirements, and deadlines for this Independent Study.

Faculty signature: _____ Date: _____

Department Use Only:

Course Number _____ Section _____ Class Number _____