

DEPARTMENT OF STUDENT AFFAIRS ADMINISTRATION
COLLEGE OF COMMUNITY AND PUBLIC AFFAIRS

**SAA 597 Independent Study
Cover Sheet**

Date: _____

Name (Please Print): _____ BU#: _____

Student Signature: _____

Phone: _____ Email: _____

Semester/year: Fall 20____ Spring 20____ Summer 20____

Number of credits: _____

Grading Option: Normal Satisfactory/Unsatisfactory

Title of Independent Study _____

Approval by faculty sponsor:

I have read the attached proposal and agree to act as faculty sponsor for this independent study.

Faculty sponsor (Please Print): _____

Faculty sponsor signature: _____

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