

DEPARTMENT OF MATHEMATICS
Math 590 Independent Study

Student's Name: _____ I.D. No.: _____

GPA (Math): _____ Local Address: _____

Telephone: _____ Email: _____ Star# of course: _____

Course Number: Math Title: _____ s.h. _____

Semester: Fall Semester 20 Spring Semester 20 Summer Term 20

<u>Print:</u>		
Faculty Supervisor	Advisor	Dept. Chair
_____	_____	_____
(Signature)	(Signature)	(Signature)

COURSE OUTLINE:

Primary Resources:

METHOD OF EVALUATION:

Examinations (approximate dates) _____

Graded Problem Sets (Approximate number) _____

Major Paper: Yes [] No [] (If yes, approximate number of pages) _____

Comprehensive Final Examination: Yes [] No []

Copy1 - Department Chair

Copy 2 - Faculty Supervisor

Copy 3 - Student