APPLICATION FOR INDEPENDENT STUDY IN ENGLISH (GRADUATE PROGRAM)

Student Name ____________________________________________

Email Address ____________________________________________

University ID# ____________________________________________

Once agreement is reached between student and faculty member on a course of study, including reading list, written assignments, and any other work to be completed, this form must be signed by the prospective director.

Title of Independent Study Course _______________________________________

Faculty Member Name ____________________________________________

Faculty Member Signature _______________________________________

Date _________________________________________________________

Applications should be emailed to Sally Williams at sw8yq@virginia.edu.

Director of Graduate Studies Signature _______________________________