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|  | | | | | | | | | | | | | Independent Study Petition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact your Independent Study Faculty Supervisor to agree upon the correct number of units, the grading option, the proposal description, and to obtain their signature. Submit the signed form to the Undergraduate Program Advisor for processing.Once the form is complete and contains all required signatures, you will receive an Add Code from the Program Advisor. You must enroll in the Independent Study as proposed or you will not receive credit. Application forms must be filed in advance of registration and cannot be arranged after you started instruction or in retrospect. NOTE: A maximum of 8 letter-graded units of ARTHI 198/199/199RA may be applied to the Art History major/minor. Save a copy of your completed form for your records. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | |  | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |  | | Perm Number: | | | |  | | |
|  | | | | | *Last Name* | | | | | | | | | | | |  | *First Name* | | | | | | | | | | | | | |  | |  | |  | | | | |
| Major: |  | | | | | | | | | |  | Expected Graduation Date: | | | | | | | | | | | | | |  | | |  | GPA (3.0 minimum): | | | | | | | | | |  |
| Project Quarter: | | | |  | | | | |  | Units: | | | |  | | | | |  | Grading Option: | | | | | | | | Letter Grade  Pass/No Pass | | | | | | | | | | | | | | |
| Course: | | 99 – Lower-division Independent Study  198 – Independent Readings | | | | | | | | | | | | | | | | | | | 199 – Upper-division Independent Study  199RA – Research Assistant | | | | | | | | | | | | | | | | | | | | |
| Faculty Supervisor: | | | | |  | | | | | | | | | | | | | | | | |  | Student Umail: | | | |  | | | | | | | | | | | | | |
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| **Proposal**: Please describe the area of research and expectations for completing your proposed independent study. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Student Signature: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Date: | | | |  |
| Faculty Supervisor Signature: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Date: | | | |  |
| Department Chair Signature: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Date: | | | |  |
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| *For Department Use Only* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Add Code | | | | | |  | Date Given | | | | | | | |  | Unit Totals *(Limit: 5 units/quarter, 15 units/year; 30 units total)* | | | | | | | | | | | | | | | | | | | | | | | | |
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