B E 600 Independent Study/Research
Student-Faculty Agreement

Individual readings or study, research, etc. Permission of Graduate Program Coordinator required.
Name and signature of faculty member responsible for supervision of the student must be included below.

Student name: ____________________________

Student email: ____________________________    Home Dept (if not B E): ____________________________

Date work to begin: ________________________    Date work to be concluded: ________________________

Proposed number of credits: _______ for ____________ Quarter 20 ______

Proposed program of study or research (attach an extra page if necessary):

________________________________________________________________________

________________________________________________________________________

Product of study or research:

___ Paper of publishable quality
___ Research paper
___ Presentation
___ Bibliography
___ Other (please describe)

___ CR/NC or
___ Graded? (NOTE: grade will show on transcript but is not included in GPA calculation—nor are 600
credits included in Graduate School required graded credits or 500-level or above credits)

I agree to conduct this program of study or research in accordance with arrangements outlined above and
under the supervision of the faculty member indicated.

Signature of Student ____________________________ Date ____________

Name of faculty supervisor: ____________________________

I agree to supervise this Independent Study project and have made preliminary arrangements with the
student for its being carried out in the terms of the program statement and time frame above.

Signature of Faculty Supervisor ____________________________ Date ____________

APPROVED ____________    NOT APPROVED ____________

Graduate Program Coordinator ____________________________ Date ____________

Once this form is complete, please leave in Neile’s mailbox in Gould 410 or stop by 410L mornings for an entry code.

Rev 9/09