

**INDEPENDENT STUDY/RESEARCH FORM**  
 Department of Ethnic Studies Program  
**P L E A S E   P R I N T**

**RESEARCH INDEPENDENT STUDY**

**STUDENT INFORMATION**

NAME		NAU EMPL ID
ACADEMIC LEVEL	MAJOR	MINOR
UNDERGRADUATE (485, 497) GRADUATE (685, 697)	SEMESTER	YEAR
COURSE PREFIX	COURSE NUMBER	CREDIT HOURS
INSTRUCTOR	CLASS #	PERMISSION #

Please attach a description of the INDEPENDENT STUDY / RESEARCH project. Include the approximate number of hours of work, whether a log will be kept, student-faculty procedures employed, as well as the content and requirements of the course.

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Student Signature      Date

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Faculty Director of Study      Date

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Student's Faculty Advisor      Date

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Department Chair      Date