

Independent Study Proposal



Department of Communication
THE UNIVERSITY OF UTAH

Name: _____ Date of Approval: _____

UNID: _____

COMM 6910, section _____

Instructor: _____

Registration for _____
Semester

20_____
Year Credit Hours _____

Proposed Study (typed or handwritten)

Student Signature

Date

Instructor Signature

Date

Advisor Signature

Date

This form must be completed and approved prior to registration for the course.
Class numbers, section numbers and permission codes are provided by the
Graduate Executive Secretary in LNCO 2416 once the completed form is turned in.

****Please make a copy for your own records****