APPLICATION FOR GERONTOLOGY
Gero 599 Independent Study

Date: ________________________  Semester: ___________________________

Student Name: _________________________________________________________________
(Last)        (First)            (M.I.)

CWID#: ______________________  Major: ______________________________

Local Address: _________________________________________________________________
(Street)                     (City)             (Zip)

Telephone: _______  -  _____________  Email:  _____________________________
(Area Code)

Extract of Policy: The work is of a research or creative nature, and it shall culminate in a paper,
project or comprehensive examination performance. Before a student may register, he or she must obtain
written approval from the instructor and the graduate coordinator. A study plan, including statement of
the basis for evaluation shall be prepared by the student and the instructor and shall be submitted to
the graduate coordinator for approval. The approved study plan will remain on file in the department office.

Requirements: A student enrolled in an independent study class is required to spend a minimum of
three (3) hours each week in study of research for each unit of credit. Regular contact should be made
with the supervising professor. It is designed for upper division undergraduate students. All courses for
the major must be taken for a letter grade. Independent study concourse may be repeated. A student may
enroll in a maximum of 6 units of independent study at the undergraduate level in any one semester and
may apply a maximum of 9 units toward the degree. However, no more than 9 units of any combination
of Soc 495 (Internship) and 499 may be applied for credit toward the major.

599 Graduate Independent Study Prerequisites: Consent of graduate adviser and instructor.
Individual research on a library or empirical project, with conferences with instructor as
necessary, culminating in on or more papers. May be repeated for credit.

☐ 599 Graduate Independent Study (3 Units): ___________________ ____________________
(Schedule Code)                (Units)

APPROVAL:

___________________________________________  ___________________________________________
Signature - Supervising Faculty Member           Print Name – Supervising Faculty Member

___________________________________________
Signature – Graduate Advisor

For Department Use Only

Date Permitted: ______________________          Permitted by:  ______________
SIS+ changed: ______________________
Independent Study Topic: _____________________________________________

Proposal: __________________________________________________________
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Basis for Final Evaluation: ____________________________________________________
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