Department of Sociology
SOC 595: Independent Study Application

_____   _____
Student Name   Student ID Number

Quarter   **Number of Units:**

_____ Fall   _____ 2

_____ Winter   _____ 3

_____ Spring   _____ 4

_____ Summer   _____ 5

Please give a brief description of your proposed project:

Submit this form to the instructor supervising your project for approval and signature.
Return the signed form to the Department of Sociology (SB-327) and enroll through MyCoyote.

_____   _____
Faculty Supervisor   Date

Office use only: 5 digit call # _____