INDEPENDENT STUDY PLAN

Student Name ___________________________ G No. ___________________________ Instructor Name ___________________________

This plan is submitted for (check one):

Neur 440 _______ NEUR461 _______

Semester hours attempted _______ Semester/year of study _______

TO BE COMPLETED BY STUDENT

By enrolling in Neuroscience ______, I agree to complete 45 hours of work per class credit hour. The topic that I intend to study/research is:

TO BE COMPLETED BY FACULTY

This student and I will meet _______ times during the course of the semester. To successfully complete this course, the student is required to submit the following:

______________________________
Student’s Signature/Date

______________________________
Instructor’s Signature/Date

______________________________
Graduate Student Advisor*

______________________________
Undergraduate Coordinator

*Advisor signature is required if graduate student is instructor of record for independent study project. Advisor is also asked to state briefly, in the space provided below, how he/she will oversee graduate student during the course of this project.