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**DEPARTMENT OF COMMUNICATION**

**Proposal for COM 630, Independent Study in Communication**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester / Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Independent Study Advisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Project Title:**

**2. Purpose of Independent Study:**

**3. Detailed description of your independent study**

**a) Statement of goals:**

**b) Proposed credit hours:**

**c) Work schedule:**

**4. Reading List or Bibliography:**

**5. Final form of project:**

**6. Method of evaluation:**

***I have discussed this proposal with my Independent Study Advisor. I understand and agree to the requirements of this project and to the number of hours that I am to receive upon its completion. I understand that this proposal is subject to approval by my Independent Study Advisor and the Director of the Graduate Program.***

**Student Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COM 630 Advisor Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dir. of Grad Program Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_