Department of Economics
University of Illinois at Chicago

Independent Study Form

Last Name ___________________________ First Name ___________________________

UIN ___________________________ Supervising Instructor’s Name ___________________________

Course ___________________________ Credit Hours ___________________________ Semester and Year ___________________________

College ___________________________ Major ___________________________

Title of Independent Study Project:

________________________________________________________

________________________________________________________

Note: Attach to this form a statement indicating the reason for the independent study, a description of what will be done, a brief list of readings and the basis for the grade (e.g., paper, exam).

For Office Use ONLY

APPROVED: ___________________________ Date ___________________________

Supervising Instructor’s Signature ___________________________

APPROVED: ___________________________ Date ___________________________

Department Head’s Signature ___________________________