

# DEPARTMENT OF MATHEMATICS

## INDEPENDENT STUDY FORM (MATH 593)

NAME OF STUDENT:

\_\_\_\_\_ (PLEASE PRINT)

INSTRUCTOR:

TERM REGISTERED:

# OF UNITS:

BRIEF STATEMENT OF STUDY PLAN:

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\_\_\_\_\_  
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\_\_\_\_\_

EXPECTED OUTCOME:

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\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Professor Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Associate Head for the Graduate Program*

\_\_\_\_\_  
*Date*