

M.S. DEGREE _ NON-THESIS OPTION

NAME: _____ DATE: _____

UIN: _____

STATEMENT OUTLINING YOUR REASONS AND OBJECTIVE FOR SELECTING THIS OPTION:

** If planning to continue Ph.D., you must address why you are not doing a thesis MS.

STUDY PLAN:

<u>Completed Coursework:</u>		<u>To Complete:</u>	
Course	Credit	Course	Credit

BRIEF SUMMARY OF THE RESEARCH WORK FOR WHICH YOU ARE TO RECEIVE INDEPENDENT STUDY CREDIT:

APPROVALS:

Independent Study Advisor Name:

Independent Study Advisor Approval:

(Please Print)

Signature

Academic Advisor/GPO Name:

Academic Advisor/GPO Approval:

(Please Print)

Signature

Action by the Graduate Policy Committee: Approved Not Approved

Date

Associate Head Signature