

AUBURN UNIVERSITY

APPROVAL FOR INDEPENDENT STUDY / DIRECTED READINGS

Part I – To Be Completed By Student

Name: _____ Student ID#: _____

College: _____ Major: _____

Semester: _____, 20__ Class #: _____

Professor: _____ Professor Department: _____

Grade option: _____ Letter grade _____ S/U

Number of credit hours to be awarded upon completion of course: _____

Part II – To Be Completed By Instructor

Faculty-student agreement/ Syllabus must be attached.

- I. Objective of the course:

- II. Nature of the teaching-learning process and the proposed schedule of meetings:

- III. Proposed work products:

- IV. Criteria to assess the work products.

Student Signature Date

Instructor Signature Date

Dept. Head/Chair (or Dean) Date