PROPOSAL FOR INDEPENDENT STUDY

Name of Student: ____________________________________  ID # __________________

Title of Independent Study: ______________________________________________________

Semester: _______________  Academic Year: __________________________

Discipline area (please check one)

___ Bible   ___ Cantorial   ___ Education  ___ Hebrew language  ___ History  ___ Literature
___ Interdisciplinary  ___ Jewish Thought   ___ Liturgy  ___ Music  ___ Rabbinics

State the curriculum and goals of the proposed project below or attach formal syllabus/bibliography

List course requirements (written work, or other assignments required of the student)

Number of meetings with instructor over the course of the semester: ___________________

Signature of Instructor of Record: _______________________________________________

Signature of Student’s Advisor: _________________________________________________

Approval of Provost: _________________________________________________________

For Office use only: Course # _______________________

Please submit this form to the Office of the Provost for approval

Revised 11/2012