PROPOSAL FOR INDEPENDENT STUDY

Name of Student: __________________________________ __ ID # ________________

Title of Independent Study: ______________________________________________________

Semester: _______________ Academic Year: _______________ Degree Program: ____________

Discipline area (please check one)

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

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: ________________

Proposed Number of Credits: ________________ ☐ Letter Grade  ☐ Pass/Fail Grade

NAME OF INSTRUCTOR: ________________________ ____________________

Signature of Instructor of Record: ________________________ Date: ________________

Signature of Student’s Advisor: ________________________ Date: ________________

Approval of Dean of Program: ________________________ Date: ________________

For Office use only: Course # ______________________

Please submit this form to the Registrar’s Office for approval

Revised 08/2015