



UNIVERSITY OF NORTH CAROLINA

CHARLOTTE

Graduate Independent Study Template

(To be completed by the student and supervising faculty member)

Student Name: _____

Student ID #: _____ Student Email Address: _____

Supervising Instructor: _____

Department: _____

Course Title/Topic: _____

Credit Hours: _____ Term: _____

How will this course apply to your plan of study?

_____ Course substitution for _____ or _____ Elective

Expected Student Learning Outcomes/Objectives:

Grading/Evaluation Criteria:

Assignments (readings, description of assignments, etc.):

Student Signature Date

Supervising Instructor Signature Date

CC: Graduate Program Director
Department File

This form does not apply to Thesis or Dissertation research. Departments are free to use their own form, if they prefer.
However, the form and syllabus must be filed with the department before the IS begins.