



UNIVERSITY OF NORTH CAROLINA
CHARLOTTE
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: _____

Scheduled Meeting Time(s): _____

Expected Student Learning Outcomes/Objectives:

Grading/Evaluation Criteria:

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

Student Signature Date

Supervising Instructor Signature Date

Department Chair Signature Date