

Independent Study Application

(Required for enrollment in MAT 299)

Name (please print) _____

Perm Number __-__-__-__-__-__-__ Number of units _____

Quarter and Year _____ Letter grade or S/U _____

PROJECT DESCRIPTION:

Have you taken this course before? When? (Quarter, Year) _____

*No more than 12 units of 299 may be credited towards the degree, 48 of the 60 units must be of upper division and/or graduate courses.

Your signature _____ Date _____

Approved _____ Date _____

Advisor / Instructor Signature

Approved _____

MAT Faculty Graduate Advisor Signature