

**Department of Philosophy  
Independent Study Agreement**

Instructions: Print this form and complete with the course instructor. Make two copies; give one to the instructor, keep one for your records, and give the original to the department office manager. After you have turned in the department copy, the office manager will enter permission for you to register. You must then register for the course using DUCKWEB.

Print Name: \_\_\_\_\_ ID: \_\_\_\_\_

Email: \_\_\_\_\_

Indicate term, year, number of credits, grade option, course, and crn:

Term \_\_\_\_\_ 20 \_\_\_\_ Number of Credits \_\_\_\_\_ Grade Option \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 401 Research                    |  | <input type="checkbox"/> 601 Research                    |
| <input type="checkbox"/> 403 Thesis                      |  | <input type="checkbox"/> 605 First Reading & Conference  |
| <input type="checkbox"/> 405 First Reading & Conference  |  | <input type="checkbox"/> 605 Second Reading & Conference |
| <input type="checkbox"/> 405 Second Reading & Conference |  | <input type="checkbox"/> 605 Third Reading & Conference  |
| <input type="checkbox"/> 405 Third Reading & Conference  |  |  |

CRN: \_\_\_\_\_ (leave blank for second & third Readings)

Reading & Conference Title: \_\_\_\_\_  
*(please note: research & reading titles are limited to a 17 character field which includes spaces & punctuation)*

Summary of work (including graded work):

Meeting Arrangements:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Name: \_\_\_\_\_  
Printed Signature Date