APPLICATION FOR INDEPENDENT STUDY:  UHON 399, Section (Section assigned by Honors Program)

Date: ______________________

Name: ________________________________  ID #: ______________________

SIUC Address: __________________________  Phone: ______________________

Major: ________________________________  Application is for ___ semester credit hours

Semester in which you plan to register for this work:

Fall _______  Spring _____  Summer _______  20 _____

Working title of independent study: ________________________________

______________________________________________________________

Summary of project proposal: *

______________________________________________________________

______________________________________________________________

Signature of Student  Signature of Faculty Sponsor  Signature of Director

University Honors Program

Date  Faculty Sponsor’s ID#  Date

______________________________________________________________

Date

* Student must submit a final copy of the project to the University Honors Program in order to receive a grade and credit toward the Honors graduation option.

Revised 03/06/2009