

**INDEPENDENT READING AND RESEARCH FORM
DEPARTMENT OF SOCIOLOGY
YEAR/TERM:**

**GRADUATE INDEPENDENT READING AND RESEARCH COURSES
(SLOT COURSES)**

A photocopy of this form should be retained by the professor and the original returned to the graduate program coordinator.

REGISTRATION FORM: CIRCLE ONE

720

730

OTHER:

NAME OF STUDENT:

ID NO.

TITLE:

PROFESSOR:

**LEVEL OF STUDENT: CIRCLE ONE
(FOR OTHER, PLEASE SPECIFY):**

M.A.

PH.D.

OTHER

PROPOSED AREA OF STUDY:

BRIEF DESCRIPTION:

STUDENT'S SIGNATURE:

PROFESSOR'S SIGNATURE:

DATE: