

INDEPENDENT READING AND RESEARCH FORM

DEPARTMENT OF SOCIOLOGY

YEAR/TERM: _____

GRADUATE INDEPENDENT READING AND RESEARCH COURSES (SLOT COURSES)

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

REGISTRATION FORM: 720 730 OTHER:

NAME OF STUDENT:
ID NO.
TITLE:
PROFESSOR:

LEVEL OF STUDENT: M.A. PH.D.

OTHER (FOR OTHER, PLEASE SPECIFY):

PROPOSED AREA OF STUDY:

BRIEF DESCRIPTION:

STUDENT'S SIGNATURE: _____

PROFESSOR'S SIGNATURE: _____