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Course Number Assigned

MASSACHUSETTS COLLEGE OF LIBERAL ARTS

INDEPENDENT STUDY APPROVAL

This form will become part of the student's permanent file. Complete it carefully since it may be duplicated as a supplement to official transcripts.

Student Name_____

Student ID A_____Major_____ Class_____

Project Title_____ Credit (3 maximum)_____

Instructor_____ Department_____ Semester_____

LEARNING OBJECTIVES OF STUDY. DESCRIBE THE NEW LEARNING THAT WILL RESULT ON THE PART OF THE STUDENT.

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INDICATE HOW YOU WILL DETERMINE THE STUDENT HAS MET STATED OBJECTIVES. (This is a qualitative assessment based on papers, presentations, exams, etc.)

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THIS FORM MUST BE SUBMITTED TO THE REGISTRAR'S OFFICE WITH ALL SIGNATURES AND APPROVALS PRIOR TO THE END OF THE ADD PERIOD OF EACH SEMESTER.

Student's Signature _____ Date_____

Instructor's Signature _____ Date_____

Offering Department Chairperson's Approval _____ Date_____

Dean of Academic Affairs Approval _____ Date_____

White Copy - Registrar Yellow Copy – Instructor Pink Copy - Student