Department of Linguistics
Independent Study Approval Form

Please submit to Shantel de Arraiz, LNCO 2300.
Class numbers and permission codes will be emailed to the email address provided below.

Name: _____ Student ID# _____

Semester/Year: _____ Email: _____

Please check which course you would like to take:

LING 4991 ☐ LING 6991 ☐ ESL 6991 ☐
LING 4999 ☐ LING 7991 ☐ ESL 5991 ☐
LING 5991 ☐

Section: _____ Supervising Faculty:_____

I am willing to supervise this project: _____
Signature of Supervising Faculty Date

I understand and agree to this project: _____
Student Signature

- Number of credit hours? _____

- A description of the project the student will work on:

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**to be filled out by AA
Class #_____ Permission # _____