

**CLINTON SCHOOL OF PUBLIC SERVICE
APPROVAL FOR INDEPENDENT STUDY / DIRECTED READINGS**

PART I

Name: _____ Student ID#: _____
Semester: _____ Professor: _____

Number of credit hours to be awarded upon completion of course: _____

PART II

Faculty-student agreement (attach separate document if necessary)

A. Objective(s) of the course:

B. Nature of the teaching-learning process and the proposed schedule of meetings:

C. Proposed work products:

D. Criteria to assess the work products.

Student Signature Date

Instructor Signature Date

Academic Dean Date

Part I – To Be Completed By Student

Part II – To Be Completed By Instructor