HONORS INDEPENDENT STUDY FORM

This form is for students wishing to complete an Independent Study (Hon 399) with the Honors Program.

To begin, students must develop a 1 - 2 page project proposal wherein students describe the nature of the study, the student’s goals in undertaking this independent research, the amount of written work the student intends to complete, the texts to be used, and the course’s proposed credit hours. The proposal must then be approved by the Faculty Representative who will work with the student on this project and the Honors Program Director.

Section A: To be completed by the Student

Name of Student _____________________________________________________________ EMPLID ________________________
E-mail Address_______________________________________________________Local Phone # _______________________

Semester and year in which the Independent Study will take place: ________________________________________________

Is the project proposal attached? Yes  /  No

Section B: To be completed by the Student AND the Faculty Representative

_____ The project, as described in the attached proposal, has been approved without modifications or stipulations; or
_____ The project, as described in the attached proposal, has been approved with the following modifications or stipulations:

for a total of ________ credit hours (1 – 4) of Hon 399.

Applicant Agreement

• I understand and agree to the suggested revisions of this project. I understand that any research involving human subjects must be approved by the IRB.
• I will regularly check the e-mail address listed above for information regarding this independent study and will notify the Honors Program of any address or telephone number changes.
• I agree to meet regularly (at least once every two weeks) with my Faculty Representative and communicate as needed.
• I will meet all requirements and deadlines as specified in the attached project proposal.
• I will notify my UND Faculty Representative and the Honors Office in writing of any changes to the project and will submit a new Independent Study Form to the Honors Program as needed.

Applicant Signature ___________________________________________________________________ Date ________________

UND Faculty Representative (signature) ___________________________________________________ Date ________________
(print name) ____________________________________________ Dept. ______________________

Section C: To be completed by the Honors Office after submission of the form to the Honors

Honors Director Signature_______________________________________________________________ Date ________________

Updated 9/07