

English 399R Independent Study  
Application

Name \_\_\_\_\_ I.D. Number \_\_\_\_\_ P.O. Box \_\_\_\_\_

Director \_\_\_\_\_ Phone \_\_\_\_\_ School Term \_\_\_\_\_

E-mail Address \_\_\_\_\_



Description of Project  
(Please type)



Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_