

**STUDENT-FACULTY AGREEMENT RE 600 INDEPENDENT STUDY/RESEARCH**

Individual readings or study—including independent study in preparation for doctoral examinations—research, etcetera. *Permission of Graduate Program Coordinator is required.* Name and signature of faculty member responsible for supervision of the student must be included below.

The RE 600 Independent Study/Research form is for graduate students.

Instructions:

Students must fill out the top portion of the form, working with their Independent Study faculty supervisor to develop and plan the program of study/research; and to determine the product of the study/research, the number of credits, the quarters in which the work will be undertaken, and whether it will be taken for credit/no credit or graded.

Once the program of study/research is finalized, the student and the Independent Study faculty supervisor must both sign the form. The signed form should then be turned in to Melissa Best at the Runstad Center for review and signature by the MSRE GPC.

Add codes for RE 600 Independent Study will only be given out if a completed and fully signed Agreement form is on file.

*BE PhD and UDP PhD Students:* Please have your GPC sign the form prior to turning it in for an add code.

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**STUDENT NAME** \_\_\_\_\_

**DATE WORK TO BEGIN** \_\_\_\_\_ **DATE WORK TO BE CONCLUDED** \_\_\_\_\_

**PROPOSED PROGRAM OF STUDY OR RESEARCH (attach additional pages if necessary):**

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**PRODUCT OF STUDY/RESEARCH:**

- Paper of publishable quality  Bibliography  
 Research paper  Other: \_\_\_\_\_  
 Presentation

**TOTAL CREDITS OF RE 600 EARNED TO DATE** \_\_\_\_\_ (3 Max Allowed for MSRE Students)

**PROPOSED NUMBER OF CREDITS** \_\_\_\_\_ **FOR** \_\_\_\_\_ **QUARTER, 20** \_\_\_\_\_

- CR/NC or  GRADED (grade will show on transcript but is not included in GPA calculation)

I agree to conduct this Independent Study project in accordance with arrangements outlined above and under the supervision of the faculty member indicated.

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Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**FACULTY SUPERVISOR** \_\_\_\_\_

I agree to supervise this Independent Study project and have made preliminary arrangements with the student for its being carried out in the terms of the program statement and time frame above.

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Signature of Faculty Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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**APPROVED**  **NOT APPROVED**

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Graduate Program Coordinator Date \_\_\_\_\_ Date \_\_\_\_\_