Independent Study Application
(Required for enrollment in MAT 299)

Name (please print) ______________________________________________________

Perm Number __-__-__-__-__-__-__ Number of units_______

Quarter and Year ____________________  Letter grade or S/U ____________________

PROJECT DESCRIPTION:

Have you taken this course before? When? (Quarter, Year) _______________________

*No more than 12 units of 299 may be credited towards the degree, 48 of the 60 units must be of upper division and/or graduate courses.

Your signature ______________________________ Date ________________

Approved ______________________________ Date ________________

Instructor/Advisor Signature

Approved ______________________________

Director of Graduate Studies  Signature