

REQUEST FOR UNDERGRADUATE INDEPENDENT STUDY



HONR 492-0 _____

Student Information

Name _____ ID _____ Date _____

Email _____

Course Information

Course Rubric _____ Course Number _____ Proposed Course Title _____

Instructor _____ Credits _____ Semester & Year _____

Plan for Independent Study

- Statement of analysis of problem:

- Method/Procedure used in carrying out the investigation or research project:

Student Signature _____ Date _____

Faculty Signature _____ Date _____

UHP Director Signature _____ Date _____

Verified completion with instructor _____

University Honors Program

Dr. Jana Marcette, Director

Montana State University COE 297

Billings, MT 59101-0298

jana.marcette@msubillings.edu

406-657-2053