

## Independent Study Course Approval

<b>Student Name</b>	
<b>Student Email</b>	
<b>Student ID Number</b>	

<b>Course Reference Number (CRN)</b> <i>see course schedule – CRN must be provided</i>	
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<b>Supervising Professor</b>	
<b>Research Topic/Title</b> (e.g., discrimination and health)	
<b>Work &amp; Evaluation Plan</b> (e.g., will read and discuss pertinent work and write a summary paper)	

☐ This course **will** satisfy a Medical Sociology degree requirement

☐ This course is **not** intended to satisfy a Sociology degree requirement

<b>Graduate Director Signature</b>		<b>Date</b>	
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<b>Student Signature</b>		<b>Date</b>	
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<b>Supervising Professor Signature</b>		<b>Date</b>	
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Registration override by		<b>Date</b>	
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