

GRADUATE STUDIES IN SOCIOLOGY DUKE UNIVERSITY

INDEPENDENT STUDY COURSE PROPOSAL FORM

SOC. 392 INDIVIDUAL RESEARCH OR SOC. 399 SPECIAL READINGS

This form must be signed by the supervising faculty member and submitted to the Director of Graduate Studies before you can register for independent study.

Name: _____ Phone: _____

E-mail: _____

Fall _____ Spring _____ Course Number _____

PROPOSED COURSE TITLE: _____

STATEMENT OF PROPOSED STUDY:

SUGGESTED READINGS:

SUGGESTED RESOURCES:

SCHEDULED MEETINGS WITH SUPERVISOR:

GRADE TO BE BASED ON:

Signature of Supervising Faculty

Signature of Director of Graduate Studies

DATE _____

ASSIGNED PERMISSION NUMBER _____