

DOCTORAL STUDENT AGREEMENT FOR INDEPENDENT STUDY

Course: LIS 601

Please complete all information below and make two copies before obtaining signatures.

Faculty Sponsor: _____

Student: _____		
Address: _____	Tel (home): _____	
_____	(work): _____	
_____	E-mail: _____	

Semester or Session _____	Year: _____	No. _____	of _____
Credits: _____			

Title of Project: _____

Area _____	of _____	examination: _____

Method to be followed in examination: _____

Form of final presentation: _____

Submit this form and two copies to the faculty member for signatures. The student will deliver the signed form and copies to the Dean. Copies will be returned to the faculty member and the student pending final approval. The original form will be retained in the student's folder.

Signature of student: _____ Date: _____

Signature of Faculty Sponsor: _____ Date: _____

Signature of Dean: _____ Date: _____

Signature of PhD Coordinator: _____ Date: _____

Date of approval Independent Study: _____

Simmons College Human Subjects Guidelines.

Does this study involve Human Subjects? No _____ Yes _____

If yes, this study must be reviewed by the Simmons College Institutional Review Board. Attach approval of the Simmons College Institutional Review Board.

Signature

Date