

**Independent Study (I.S.) Update Form**

**Submit a completed copy of this form each month the Independent Study is taking place.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Credit Hours: \_\_\_\_\_

Total clock hours required: \_\_\_\_\_

Submitted for the month of: \_\_\_\_\_

Number of hours completed this month: \_\_\_\_\_

Total number of hours completed to date: \_\_\_\_\_

Brief description of activities completed:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Chair signature: \_\_\_\_\_ Date: \_\_\_\_\_