

MATH 8891 Independent Study in Mathematics

(To be completed by the doctoral student and the supervising faculty member)

Student Name: _____ Student ID #: _____

Student Degree/Major/Concentration: _____

Supervising Faculty Member: _____

Course Subtitle: _____

Credit Hours (1-3): _____ Term: _____

Textbook(s):

Topic Outline:

Expected Student Learning Outcomes/Objectives:

Assignments (readings, description of assignments, etc.):

Grading/Evaluation Criteria:

Tentative meeting plan/schedule:

Student Signature

Date

Supervising Faculty Member Signature

Date

Graduate Coordinator Signature

Date