



## **B E 600 Independent Study/Research Student-Faculty Agreement**

Individual readings or study, research, etc. Permission of Graduate Program Coordinator required.  
Name and signature of faculty member responsible for supervision of the student must be included below.

**Student name:** \_\_\_\_\_

**Student email:** \_\_\_\_\_ **Home Dept (if not B E):** \_\_\_\_\_

**Date work to begin:** \_\_\_\_\_ **Date work to be concluded:** \_\_\_\_\_

**Proposed number of credits:** \_\_\_\_\_ for \_\_\_\_\_ Quarter 20\_\_\_\_\_

**Proposed program of study or research (attach an extra page if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Product of study or research:**

- Paper of publishable quality
- Research paper
- Presentation
- Bibliography
- Other (please describe) \_\_\_\_\_

- CR/NC** or
- Graded?** (NOTE: grade will show on transcript but is not included in GPA calculation—nor are 600 credits included in Graduate School required graded credits or 500-level or above credits)

I agree to conduct this program of study or research in accordance with arrangements outlined above and under the supervision of the faculty member indicated.

\_\_\_\_\_  
Signature of Student Date

**Name of faculty supervisor:** \_\_\_\_\_

I agree to supervise this Independent Study project and have made preliminary arrangements with the student for its being carried out in the terms of the program statement and time frame above.

\_\_\_\_\_  
Signature of Faculty Supervisor Date

**APPROVED** \_\_\_\_\_ **NOT APPROVED** \_\_\_\_\_

\_\_\_\_\_  
Graduate Program Coordinator Date

*Once this form is complete, please leave in Neile's mailbox in Gould 410 or stop by 410L mornings for an entry code.*