

INDEPENDENT STUDY PROPOSAL

STUDENT INFORMATION:		
Name		
E-mail Address		 _
Phone #	Alternate #	
ID#	POA Major	
Semester and Year to be taken	1	
Course Department (see back)		
This course will satisfy the follo	owing requirements of the business school	
Total semester hours requeste	ed	
INSTRUCTIONS:		
1. Please attach typed des	scription of proposal.	
2. Obtain signature from	the independent study professor (must be a full-time	business faculty member
3. A list of full-time busine	ess faculty members is located in 250 Dodge Hall for	your reference.
4. There is an academic to	uition charge for all independent studies from one to	four credits. Please see
the undergraduate cata	alog (http://www.northeastern.edu/registrar/courses	s/cat1112.pdf).
5. Obtain signature from	the group coordinator.	
6. Return paperwork elec	tronically for review by the Independent Study Comr	nittee. Forms will only be
accepted via e-mail. Pl	ease send to m.kaplan@northeastern.edu.	
7. Approval must be attai	ned within the first day of each term.	
Student Signature	Date	
Faculty Name (Print)	Faculty ID#	
Faculty Signature	DateOf	fice #
Group Coordinator Signature _	Date	
Committee Chair Signature	Data	