

**Department of Correctional and Juvenile Justice Studies  
Graduate Independent Study Proposal  
COR 897 – Independent Study**

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Section #: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

**I. To be completed by student:**

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Title of Project: \_\_\_\_\_  
**This must be completed – title goes on your transcript**

Project Objectives (attach outline): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**II. To be completed by faculty supervisor:**

Proposed method(s) for student evaluation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates for progress reports: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Specify special equipment/supplies if needed: \_\_\_\_\_

\_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by CJJS Graduate Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Copies: Student; Student File; Faculty Supervisor