



Independent Study Plan

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
G#

\_\_\_\_\_  
Instructor Name

\_\_\_\_\_  
NEUR  
Course Number

\_\_\_\_\_  
Credit Hrs

\_\_\_\_\_  
Semester

**To be completed by student:**

By enrolling in NEUR \_\_\_\_\_, I agree to complete 45 hours of work per class credit hour. The topic I intend to research/study is:

**To be completed by the instructor:**

The student and I will meet \_\_\_\_\_ during the course of the semester. To successfully complete the course, the student is required to submit the following:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Undergraduate Coordinator

\_\_\_\_\_  
Date