

independentresearchform

Friday, February 4, 2022 3:27 PM



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*** CU-Denver Special Processing Form ***

*** Student Section ***

James Amidei	107092335	CLAS	Physics	Senior
Student Name	Student Number	School/College	Major	Term/year
PHYS	3880	900	1	Directed Research
Subject. Abbr.	Course Number	Section Number	Credit Hours	
Student Signature <i>James Amidei</i>	Date: 08/16/2023	Course Title (24 spaces each line)		

***** Independent Study/Thesis Completion Contract *****

Consult your school or college for limits and restrictions.

1. Briefly describe the project:
2. What performance/accomplishments will be expected of the student?
3. How many hours per week do you expect the student to devote to the project? _____
4. How many hours per week/month will the student and faculty meet _____

***** Instructor and Dean's Approval *****

❖Instructor's approval is required for all transactions on this form. ❖Dean's approval is required for *Independent Study* courses, *Thesis* courses and late adds.

Instructor's Signature _____ Date: _____

Instructor's Name - please print _____

Dean's Signature _____ Date: _____

☐ Student is approved for a late add.

Students/Academic Units - Be sure to make a copy of the completed form prior to submitting to the Records Office.

Records use only:
Date _____
Clrk _____
RR-06/95