



INDEPENDENT STUDY PERMISSION FORM
Trinity College of Arts & Sciences

To the student: Please read the attached policies and procedures, and consult with your instructor / supervising faculty member about course title, description, requirements and expectations. This form must be approved and signed by the supervising faculty member, the instructor (if different from supervising faculty member), and submitted to the Director of Undergraduate Studies or Certificate Program Director before the end of the drop/ add period.

Student Name: Zanele Munyikwa Date 01/16/2014

Email: ztm3@duke.edu Student ID (not unique ID) 2015399

Graduation Date: May 2015

Major(s)/Minor(s)/Certificate(s) Computer Science, ISIS

Undeclared _____

Course Subject / Number: _____ (Independent Study) or
_____ (Research Independent Study)

Term / Year Spring ~~2013~~ 2014

Title of Independent Study Modeling and Visualization of Kidney Functions

Short Title Modeling and Visualization
(to be listed on transcript; limit 30 characters, including spaces)

Supervising Faculty Member Anita Layton

Academic Title Associate Professor of Mathematics

Affiliation (dept or program) Mathematics

Instructor (if different from Supervising Faculty Member) _____

Instructor Title and affiliation: _____

On the following page (or attached sheet), please provide the following information:

1. Title and Description of Proposed Study:

Provide a one to two paragraph description of the proposed study, including topic, course goals, research / readings to be conducted. (The instructor and/or department or program may require a more detailed proposal, including a list of sources and bibliography, a rationale for independent study as opposed to regular course work, etc.)

2. Nature of the Final Product:

Describe the nature and length of the final product (e.g academic paper, artistic product, research report, etc.)

3. Scheduled Meetings and Work Expectations:

Provide information on frequency and length of meetings with instructor, and expected work commitments and/or timetables:

4. Grade to be based on:

Provide information on how your work in the course is to be evaluated.

Description of Independent Study; Final Product; Scheduled Meetings and Work Expectations; Grade Basis:

Attached on separate sheet.

ZMunijewicz
Signature of Student

Date 01/16/2014

Approval Signatures: Please read attached policies and procedures on independent studies before signing.

Anita Layton
Supervising Faculty Member (print name)

[Signature]
Signature

Date 1/16/2014

Instructor (print name)
(if different from Supervising Faculty member)

Signature

Date

Director of Undergraduate Studies (print name)
or Certificate Program Director

Signature

Date

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