



Independent Study Evaluation

Name of Student: _____
 Name of Advisor: _____
 Date of this report: _____
 Topic being studied: _____

SECOND YEAR: 1st semester (IS I) _____ 2nd semester (IS II) _____
 THIRD YEAR: 1st semester (IS III) _____ 2nd semester (IS IV) _____

This consultation began on (give entire date): _____
 This consultation ended on (give entire date): _____
 Number of consultations since the last report: _____

Contracted goals met (i.e. specific readings, outline, literature review, section of proposal, etc.):

- 1).
- 2).
- 3).

Comments:

Evaluation Criteria met (i.e. paper, outline, literature review, section of proposal, etc.):

- 1).
- 2).
- 3).

Comments:

Grade: PASS _____ FAIL _____ AD _____

Instructor's Signature _____ Date _____