

## Independent Study Evaluation

Name of Student: \_\_\_\_\_

Name of Advisor: \_\_\_\_\_

Date of this report: \_\_\_\_\_

Topic being studied: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Consultation Number: First Study (IS I) \_\_\_\_  
Third Study (IS III) \_\_\_\_

Second Study (IS II) \_\_\_\_  
Fourth Study (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 \_\_\_\_\_