

UNIVERSITY OF WASHINGTON NUTRITIONAL SCIENCES PROGRAM

PROPOSAL FOR INDEPENDENT STUDY REGISTRATION NUTR 537, 600, 700, 800

Course Number: _____	<i>Number of Credits</i> _____	<i>Quarter</i> _____	<i>Year</i> _____
<i>Student Name</i>			
Statement of study or research proposal to completed by the student (use back of page if necessary)			
Signatures:	Student _____	Date _____	
	Instructor _____	Date _____	
	Director _____	Date _____	
<i>Working Thesis Title</i>			
<i>Committee Chair</i>			
<i>Committee Members</i>			