

**STUDENT-FACULTY AGREEMENT URBDP 600 INDEPENDENT STUDY/RESEARCH**

Individual readings or study, including independent study in preparation for doctoral examinations, research etc..  
Permission of Graduate Program Coordinator required.  
Name and signature of faculty member responsible for supervision of the student must be included below.

**STUDENT NAME** \_\_\_\_\_

**DATE WORK TO BEGIN** \_\_\_\_\_ **DATE WORK TO BE CONCLUDED** \_\_\_\_\_

**PROPOSED PROGRAM OF STUDY OR RESEARCH (attach one page paper if necessary):**

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

**PRODUCT OF RESEARCH:**

- Paper of publishable quality  
 Research paper  
 Presentation  
 Bibliography  
 Other (please describe)

**TOTAL CREDITS OF URBDP 600 EARNED TO DATE** \_\_\_\_\_ (12 Maximum Allowed for MUP Students)

**PROPOSED NUMBER OF CREDITS** \_\_\_\_\_ **FOR** \_\_\_\_\_ **QUARTER 200** \_\_\_\_\_

**CR/NC** or  
 **GRADED?** (grade will show on transcript but is not included in gpa calculation)

I agree to conduct this Independent Study project in accordance with arrangements outlined above and under the supervision of the faculty member indicated.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**FACULTY SUPERVISOR** \_\_\_\_\_

I agree to supervise this Independent Study project and have made preliminary arrangements with the student for its being carried out in the terms of the program statement and time frame above.

\_\_\_\_\_  
Signature of Faculty Supervisor

\_\_\_\_\_  
Date

**APPROVED** \_\_\_\_\_ **NOT APPROVED** \_\_\_\_\_

\_\_\_\_\_  
Graduate Program Coordinator

\_\_\_\_\_  
Date