



**INDEPENDENT STUDY FORM II: Student Evaluation**

**Student's Name:** \_\_\_\_\_

**Semester:**  Fall  Spring  Summer      **Year:** \_\_\_\_\_

**Faculty Advisor:** \_\_\_\_\_

**Title of Independent Study:** \_\_\_\_\_

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**Summary Statement of time invested and projects accomplished during the semester of independent study:**

**Evaluate fulfillment of predetermined independent study objectives:**

**Other Comments:**

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_  
Independent Study Faculty Advisor

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_  
Student