



INDEPENDENT STUDY FORM II: Student Evaluation

Student's Name: _____

Semester: Fall Spring Summer **Year:** _____

Faculty Advisor: _____

Title of Independent Study: _____

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