



INDEPENDENT STUDY FORM III: Faculty Evaluation

Student's Name: _____

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

Faculty Advisor: _____

Title of Independent Study: _____

Summary of student fulfillment of course objectives:

Evaluation of written work:

Other comments:

Signed: _____ **Date** _____
Independent Study Faculty Advisor

Signed: _____ **Date** _____
Student