

Name: _____

Student ID#: _____

Phone: _____

Email: _____

INDEPENDENT/INTERNSHIP/MASTER'S STUDY FORM
English 489, 499, 599H, 689, 689T, 697, 699T, 699P

Course Number: _____ Units: _____ Semester/Year: _____

Please note: **ENGLISH 499 MAY BE TAKEN CR/NC ONLY**

Title of Work: _____

Full Description of Work/Internship: _____

Reading List/Internship Duties: _____

Number of Papers: _____

Due Date: _____

Written Examination: _____

Oral Examination: _____

Student's Signature

Program Advisor's Signature

Instructor's Signature

Department Chair's Signature