

**CSU, CHICO ENGLISH DEPARTMENT
INDEPENDENT /MASTER'S STUDY FORM
ENGL 499, 599H, 697, 699T, 699P**

Name: _____

Student ID #: _____

Phone: _____

Email: _____

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

Title of Work: _____

Full Description of Work: _____

Reading List: _____

Number of Papers: _____ Due Date(s): _____

Oral Examination: _____

Student's Signature

Program Advisor's Signature

Instructor's Signature

Department Chair's Signature