

**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