APPLICATION FOR INTERDISCIPLINARY
INDEPENDENT STUDY - INTR 480

Student’s Name __________________________________________________________

CS Box or Local Address __________________________________________________

Campus or Local Phone Number _____________________________________________

Email address (W&M and/or other)___________________________________________

Banner Student ID # _______________________________________________________

Major(s) ________________________________________________________________

Title of Project
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student’s Signature ___________________________ Date ________________________

Number of Credits (1-4) _______________________

Independent Study Advisor _________________________________________________

Department ______________________________________________________________

Advisor’s Signature ___________________________ Date _________________________

Approved by Director of Interdisciplinary Studies
________________________________________________________________________

Please attach a description of your project signed by both you and your advisor to
this form, including a time line and a brief general outline and return to the Charles
Center, Blow Hall, Room 254 by the end of add period for the semester in which you
will conduct your project.

Revised 02/14