

**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

Date _____

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 267 by the end of add period for the semester in which you will conduct your project.