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) _______________ Semester of Registration _______________

Independent Study Advisor _________________________________________________

Department ______________________________________________________________

Advisor Print Name_______________________________________________________

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 in Blow Hall, Room 254 by the first day of the semester in which you will conduct your project.

Revised 06/18