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

________________________________________________________________________

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Student’s Signature ___________________________ Date ________________________

Number of Credits (1-4) ______________ Semester of Registration ______________

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 in Blow Hall, Room 254 by the end of the add/drop period for the semester in
which you will conduct your project.

Revised 06/18