INDEPENDENT STUDY PROPOSAL
Martin School of Public Policy and Administration
University of Kentucky

Semester ___________ Year ___________
Name_________________________ Area of Concentration________________
Address__________________________________ Telephone_________________
Course No. and Title_____________________________ Hours____
Instructor__________________________________________________________
Have you previously taken a PA independent study? (Yes ) (No )How many?__

Complete the following; attach additional pages if necessary.

Discuss and outline the nature of your independent study, including plan of study, time, form, and deadline for the report to be submitted to the instructor at the completion of the study.

What are the specific learning objectives for this study?

What are the means and criteria for evaluation and grading of the independent study?

What arrangement have been made for meetings with the instructor (include time, place, and frequency)?

________________________________________________
Student’s Signature Date________________________Instructor’s Signature Date________________________

________________________________________________
Director________________________Date
Graduate Studies

One Copy Each: Student, Instructor, Martin School Student Records
This form must be completed by the student and agreed to by all concerned parties before the independent study is begun.