

**University of Minnesota-Duluth**  
DEPARTMENT OF SOCIAL WORK

Independent Study Proposal  
(SW 5091)

1. Name: \_\_\_\_\_

2. Term: \_\_\_\_\_ 3. Credits: \_\_\_\_\_ 4. Grading: A-F or S-N

5. Will project be completed during this term? YES \_\_\_\_\_ NO \_\_\_\_\_

If No, indicate your plans for any future independent study or other registration to complete this project

6. Proposal Title: \_\_\_\_\_  
\_\_\_\_\_

7. Faculty Supervisor: \_\_\_\_\_ Section # \_\_\_\_\_

8. How often will you meet with your faculty supervisor? \_\_\_\_\_

9. How will you present what you have learned from this independent study?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Attach to this form a statement of the purpose of your independent study and a description of what you will be doing to accomplish the purpose. Your description of activities **must include a bibliography of materials you will be reading as a part of this independent study.**

\_\_\_\_\_  
(Signature) (Date)

Action Taken:

\_\_\_\_\_  
(Faculty consultant signature) (Date) \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

\_\_\_\_\_  
(Director of Graduate Studies signature) (Date) \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove