

**DEPARTMENT OF MATHEMATICS**

**Math 599 Independent Study**

Student's Name: \_\_\_\_\_ I.D. No.: \_\_\_\_\_

Local Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ GPA (Math): \_\_\_\_\_ Star # of course: \_\_\_\_\_

Course Number: Math 599 Title: Special Topics s.h. \_\_\_\_\_

Semester: Fall Semester 20 Spring Semester 20 Summer Term 20

Print: \_\_\_\_\_

Faculty Supervisor

Advisor

Dept. Chair

Sign: \_\_\_\_\_

Faculty Supervisor

Advisor

Dept. Chair

COURSE OUTLINE:

Primary Resources:

METHOD OF EVALUATION:

Examinations (approximate dates) \_\_\_\_\_

Graded Problem Sets (Approximate number) \_\_\_\_\_

Major Paper: Yes [ ] No [ ] (If yes, approximate number of pages) \_\_\_\_\_

Comprehensive Final Examination: Yes [ ] No [ ]

Copy1 - Department Chair

Copy 2 - Faculty Supervisor

Copy 3 - Student