

**Medieval & Renaissance Studies  
Independent Study Registration Form**

Student's Name: \_\_\_\_\_ UNI: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_

1. Please describe briefly the subject of the directed reading / independent research. If modifying an existing course, please provide the full course name and number:

a. If this is not an existing course, please state how frequently the student and faculty member will meet or communicate:

2. Please list the work the student will be expected to complete, including any intermediate and final assignments. If modifying an undergraduate course, please specify the additional graduate-level assignment(s):

Signature of Faculty Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of MA Program Director \_\_\_\_\_ Date \_\_\_\_\_