MLIS Individual Study Proposal

Name __________________________________________ RUID __________________________

Email Address __________________________________________ Term of Proposed Study __________________________

Have you taken an Individual Study in a previous semester?  Yes ☐ No ☐ ☐

*note: this is not a Field Experience 17:610:592

SC&I Faculty member who is supervising this Individual Study: __________________________

The learning goals are: (We strongly encourage you to develop the learning goals and focus in consultation with the faculty supervisor. Additional goals can be added on an attached page.)

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

The title and focus of the proposed study is as follows: (use additional page if necessary)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Indicate how you will communicate your status/progress to your faculty supervisor (e.g. weekly email reports, meetings on xx date(s), course shell interactions, etc.):

____________________________________________________________________________________

____________________________________________________________________________________

Proposed date of completion: ____________________________

____________________________________________________________________________________

Student’s signature _________________________ Date ______________

"I agree to work with the above student as outlined and recommend approval of this application."

____________________________________________________________________________________

Faculty supervisor’s signature _________________________ Date ______________

Please return this completed form to Faye Brown (fdbrown@rutgers.edu) or Joan Chabrak (joan.chabrak@rutgers.edu) in CIL 214 to receive your special permission number for registration.