# Film Studies

# FILM 498: Independent Study Proposal

NAME: ID#:

Semester: # of Credits: Professor:

**Check the true statement:**

[ ]  FILM 498 Independent Study will be in addition to regular program requirements.

[ ]  FILM 498 Independent Study Course Number:

will substitute for: Course Title:

**Check the true statement and describe:**

[ ]  I need the Independent Study course *instead of* another course in the program because:

[ ]  I need the Independent Study course *in addition to* the program requirements because:

Describe:

**If student has previously taken an Independent Study course, list and describe:**

Course Number: Course Title:

Description:

[ ]  **On a separate page, supervising faculty member has provided**

* project description — learning objectives — texts to be studied
* planned activities — meeting schedule — evaluation plan

Signature of Student: date:

Supervising Professor: date:

Film Studies Coordinator: date:

Department Chair: date:

**Film Studies Independent Study Proposal**

Project description:

Learning objectives:

Primary texts:

Secondary texts:

Activities list:

Meeting times:

Evaluation plan: