

PLAN FOR SOC 492 or 493 (check one)

_____ **SOC 492** External Learning Experience

_____ **SOC 493** Special Problems

This form should be submitted to the Undergraduate Coordinator, Room 334A, no later than the end of the second week of the semester you plan to take the course.

Student Information:

Name: _____ ID #: _____

Major: _____ Phone: _____ Email address: _____

Proposed agency &/or supervisor's name: _____

Instructor: _____ Year 20__ Fall__ Spring__ SSI__ SII__

Course topic & content: (form must be accompanied with a course description & reference to scholarly sources and/or sociological framework, which is to be provided by the student)

Basis of evaluation: Periodic meetings with instructor and term paper appropriate for a 400-level course.

Grading Method: S/U _____ Credits (0 to 6hrs.) _____

Additional Comments: _____

The signatures below indicate we agree to the independent study plan described above.

Instructor's Signature

Student's signature

Undergraduate Coordinator Signature & Date