Department of Art & Art History
Individual Work/Directed Reading

Name: ___________________________ Major/Minor: ___________________________
SUID: __________________ Email: __________________ Phone: __________________

Please complete this section with your faculty sponsor and return form to the Student Services Staff by Week 2, Friday at 4pm, of the quarter in which you want to enroll:

Quarter/Year: ___________ Number of units: _______ Faculty Sponsor: ________________

Course (check one):
ARTSTUDI
[ ] 246: Individual Work - Drawing & Painting
[ ] 250: Individual Work - Sculpture
[ ] 261: Individual Work - Emerging Practices in Design & Technology
[ ] 272: Individual Work - Photography
[ ] 273: Individual Work - Experimental Media

ARTHIST
[ ] 298: Individual Work
[ ] 299: Research Project

FILMSTUD
[ ] 299: Independent Study

Proposal (i.e. pieces to complete, materials to read, etc). Attach additional pages as needed:

__________

If studio independent study, will you require access to studio space? If so, which studio(s)? *Signatures of studio managers required.

How often will you meet with your faculty sponsor? _________________________

Have you taken a course with your faculty sponsor? _________________________

What courses relevant to your independent study have you taken? _________________________

How many individual work/directed reading units have you previously completed? ________________

Independent Study
Lecturers may not sponsor an Independent Study.
For any studio access, please get the signature of each studio manager.
To register, you will be given a permission number for enrollment once your form has been approved by the department.

Student signature: ___________________________ Date: ________________

Faculty signature: ___________________________ Date: ________________

Studio Manager signature: ____________________ Studio Name: ________________ Date: ________________

Studio Manager signature: ____________________ Studio Name: ________________ Date: ________________

Studio Manager signature: ____________________ Studio Name: ________________ Date: ________________

DEPARTMENT USE

Student Services Specialist Signature: ___________________________ Date: ________________

Dept. Chair signature: ___________________________ Date: ________________