



**College of Creative Studies  
CCS 199 – Independent Study Project**

Student Name:		Email:	
Student Perm:		Faculty Advisor(s):	
Instructor:		Instructor Email:	

Proposed units \_\_\_\_\_

Type of Study:

Area of Study:

Project Proposal:

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Section: \_\_\_\_\_

EC #: \_\_\_\_\_

Add Code: \_\_\_\_\_