

Independent Study Evaluation

Name of Student: _____

Name of Advisor: _____

Date of this report: _____

Topic being studied: _____

Consultation Number: First Study (IS I) ____
Third Study (IS III) ____

Second Study (IS II) ____
Fourth Study (IS IV) ____

This consultation began on (give entire date): _____

This consultation ended on (give entire date): _____

Number of consultations since the last report: _____

Contracted goals met (i.e. specific readings, outline, literature review, section of proposal, etc.):

1).

2).

3).

Comments:

Evaluation Criteria met (i.e. paper, outline, literature review, section of proposal, etc.):

1).

2).

3).

Comments:

Grade: PASS _____ FAIL _____ In Progress _____

Instructor's Signature _____ Date _____