



INDEPENDENT STUDY PROPOSAL

To be completed by student

Last Name _____ First Name _____

Dual-Degree Program Name (if applicable) _____

Penn ID _____ Email _____

Name of Independent Study _____

Course Description—Attach a summary of the proposed project, a detailed reading list, a timeline for meetings and assignments, and detailed information about assignments and outcomes.

If you do not meet the minimum requirements, please indicate why you wish to pursue this independent study at this time as well as how you are prepared to complete the independent study

To be completed by faculty/academic department

Faculty Name (please print) _____

Faculty Signature _____

Department _____

Course Administrator Signature _____

Credit Value _____ (Independent Study Courses may not be taken pass/fail)

Course Number _____ Term _____

Wharton Undergraduate Division use only

Minimum requirements: ≥3.4 GPA ≥24 CUs <2 WH IS <2 non-WH IS

Decision: Approve Deny

Signed for the Committee: _____ Date: _____