

DEPARTMENT OF ART & ART HISTORY
INDIVIDUALIZED STUDIES PROPOSAL

STUDENT NAME: _____

PEOPLESOFT ID #: _____ PHONE #: _____

EMAIL: _____

CATALOG YEAR: _____ EXPECTED GRADUATION DATE: _____

Rationale attached – Please incorporate:

- Your major interests and goals
- How the courses chosen reflect your interest and facilitate this learning experience

Plan of Study Attached:

Please be sure the courses you have chose take into account necessary prerequisites or consent when needed. Confirm with faculty advisor and area professors as needed.

Student Signature: _____ **Date:** _____

Please obtain the following signatures:

Faculty Advisor: _____ **Date:** _____

Area Professor: _____ **Date:** _____

Area Professor: _____ **Date:** _____

Department Head: _____ **Date:** _____

File the completed form in the Art & Art History Office with department secretary. Please make copies for yourself, your faculty advisor and the two area professors represented on the form.