

INDEPENDENT READING FORM

Department of Spanish and Portuguese
1018 Van Hise Hall
262-2093

I have agreed to accept _____ as my student in:

- (check one) Spanish Independent Reading (912-899)
 Portuguese Independent Reading (782-899)

Semester: _____ Year: _____

Credits to be earned: _____

Professor's signature: _____

Professor's name printed: _____

Advisor's signature: _____

Student's signature: _____

UID Number: _____

Student's email: _____

Description/Requirements of Course:

(Attach a plan description and bibliography to this sheet)

(This form is to remain in the Graduate Coordinator's Office, 1014 Van Hise. A copy will also be retained by the professor).