

School of Social Work

University of Georgia

Graduate Level Independent Study Request Form

Term:

Student Name:

8xx number:

Degree and Concentration:

Topic of Study: _____

Instructor:

Description of Course Work:

Expected End Products:

Student Signature: _____ **Date:** _____

My signature confirms that the above student will be working with me on the course described herein, which can be identified on the student's program of study and transcript as SOWK 6908/7908.

Instructor Approval: _____ **Date:** _____

MSW Director Approval: _____ **Date:** _____

Course: SOWK 7908 **CRN:** _____ **Hours:** _____