



**Department of Mathematics  
Independent Study/Culminating Experience Proposal**

**Last Name: First Name: Middle Initial:**

**UID: ULID: Session: Year:**

**Course: Semester Hours:**

**Project Subject/Intern Position Title:**

**Instructor/Supervisor Name:**

**Description of Independent Study/Culminating Experience:**

**Objectives/Position Responsibilities:**

**Student Requirements (Meetings/Readings/Expectations/etc.):**

**Evaluation Process:**

Please return this completed form, with all signatures to the Mathematics Department Master's Coordinator.

\_\_\_\_\_  
(Student) (Date) (Faculty Supervisor) (Date)

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(Master's Coordinator) (Date) (Department Chair) (Date)