

Department of Mathematics Stevenson Hall 313 Campus Box 4520 Normal, IL 617690-4520 (309) 438-8781

Department of Mathematics Independent Study/Culminating Experience Proposal

| Last Name: | First Name: | Mide | Middle Initial: | |
|--|----------------------------|---------------------------|--------------------|--|
| UID: | ULID: | Session: | Year: | |
| Course: | | Semester Hours: | Semester Hours: | |
| Project Subject/Intern Pos | ition Title: | | | |
| Instructor/Supervisor Nam | e: | | | |
| Description of Independen | t Study/Culminating Ex | perience: | | |
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| Objectives/Position Respo | nsibilities: | | | |
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| Student Denvisements (NA | ootings/Doodings/Evnos | tations/stall | | |
| Student Requirements (Mo | eetings/ keadings/ expec | tations/etc.j: | | |
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| Evaluation Process: | | | | |
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| Please return this complete Coordinator. | ed form, with all signatul | res to the Mathematics De | epartment Master's | |
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| (Student) | (Date) | (Faculty Supervisor) | (Date) | |
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| (Master's Coordinator) | (Date) | (Department Chair) | (Date) | |