

LL.M. Program Independent Study Course Approval Form

Student's Name _____

Semester _____

Project Title _____

Faculty Supervisor _____

Credits (1-3; guideline of 20 double-spaced pages per credit) _____

Brief description of research project _____

Signature of Student _____

Signature of Faculty Supervisor _____

Signature of Director of LL.M. Program _____

Date _____