

Independent Study (SOC WEL 296) and Independent Research (SOC WEL 299) Proposal Form

INSTRUCTIONS:

This course is for graduate students seeking supervised independent study and research on a social welfare topic under the direction of a **Berkeley Social Welfare faculty member**. Each student enrolled in an Independent Study course (199) must submit a written proposal for approval by a sponsoring faculty member. **Please use this form for your proposal.** Fill it out completely, obtain your faculty sponsor's signature, and submit the completed Proposal Form to the Graduate Advisor at 120 Haviland Hall. **Proposals are due by noon on Friday of the third week of the current semester. NO LATE PROPOSALS ARE ACCEPTED.**

Student Information

Student First & Last Name:		SID #:	
Email Address:		Phone #:	
Level:	<input type="checkbox"/> MSW <input type="checkbox"/> PhD (Pre-Candidacy) <input type="checkbox"/> Advanced to Candidacy		

Supervised Independent Study and Research Proposal

Semester:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:	
Grading Option	<input type="checkbox"/> Letter Grade <input type="checkbox"/> S/U	Number of Units (One unit is equal to three hours of course work)	
Proposed Research Topic:			
Name of Faculty Sponsor:			
Hours Per Week to be Spent in Consultation with Faculty			

Brief Summary of Proposed Research Project:

Activities to be Completed as Basis for Grading:

Faculty Sponsor Approval and Signature:
I have reviewed this proposal and agree to supervise this student's Supervised Independent Study or Independent Research course according to the supervision plan outlined above. I understand I am responsible for submitting a grade at the end of the term.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> Signature of Faculty Sponsor </div> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> Date </div> </div>

FOR DEPARTMENT USE ONLY				
CCN		Approval Signature:		Date: