

Independent Study (SOCWEL 296) and Independent Research (SOCWEL 299) Proposal Form

INSTRUCTIONS: This form 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/Research course must submit a written proposal for approval by a supervising faculty member. Please use this form for your proposal.

Fill out the form completely, obtain your faculty supervisor's signature, and email the completed Proposal Form to your Graduate Advisor. Proposals are due by noon on Friday of the third week of the current semester. **NO LATE PROPOSALS ARE ACCEPTED.**

STUDENT INFORMATION

FIRST & LAST NAME:		SID #:	
E-MAIL:		PHONE #	
LEVEL:	<input type="checkbox"/> MSW <input type="checkbox"/> PhD (Pre-Candidate) <input type="checkbox"/> PhD (Advanced) <input type="checkbox"/> Other _____		

SUPERVISED INDEPENDENT STUDY OR RESEARCH PROPOSAL

TERM	<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 equals 3 hours per week of work)	
LEVEL:	<input type="checkbox"/> MSW <input type="checkbox"/> PhD (Pre-Candidate) <input type="checkbox"/> PhD (Advanced) <input type="checkbox"/> Other		
NAME OF FACULTY SUPERVISOR:			
HOURS PER WEEK IN CONSULTATION WITH FACULTY:			
BRIEF SUMMARY OF PROPOSED RESEARCH PROJECT:			
ACTIVITIES TO BE COMPLETED AS A BASIS FOR GRADING:			

FACULTY SUPERVISOR'S 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.	
_____ SIGNATURE OF FACULTY SUPERVISOR	_____ DATE

OFFICE USE ONLY:	
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