

**DOCTORAL STUDENT AGREEMENT FOR INDEPENDENT STUDY**  
**Course: LIS 601**

**Please complete all information below and make two copies before obtaining signatures.**

**Faculty Sponsor:** \_\_\_\_\_

<b>Student:</b> _____		
Address: _____		Tel (home): _____
_____		(work): _____
_____		E-mail: _____

Semester or Session _____	Year: _____	No. of Credits: _____
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Title of Project: _____
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Area of examination: _____
_____
_____
_____

Method to be followed in examination _____
_____
_____
_____

Form of final presentation: _____
_____
_____

Submit this form and two copies to the faculty member for signatures. The student will deliver the signed form and copies to the Dean. Copies will be returned to the faculty member and the student pending final approval. The original form will be retained in the student's folder.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Faculty Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dean: \_\_\_\_\_

Signature of Doctor of Arts Coordinator: \_\_\_\_\_

Date of approval Independent Study: \_\_\_\_\_

**Simmons College Human Subjects Guidelines.**

Does this study involve Human Subjects? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, this study must be reviewed by the Simmons College Institutional Review Board. Attach approval of the Simmons College Institutional Review Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date