REL 4990: Independent Reading and Research

_____	_____
Student's Name	Faculty Director
_____	_____
Workday ID	Semester/Year
	_____
	Number of Credit Hours

TITLE OR SUBJECT:

STUDY PLAN AND READING LIST (Attach additional pages if needed):

REQUIREMENTS (reading, writing, meetings with director, etc.):

COMPLETION DEADLINE (only needed if other than the end of the above semester): _____

APPROVALS: This is a permission of department course. Registration cannot be affected until this form has been completed and approved. The completed form must be emailed by the student or faculty director to the department's administrative specialist (vpfeif3@lsu.edu), who will then complete the registration.

_____	_____
Student's Signature	Faculty Signature

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Director of Graduate Studies or Chair of Department