

**Milwaukee School of Engineering
Physics and Chemistry Department
Independent Study**

To: Registrar

Date: _____

From: Physics and Chemistry Department

_____ is authorized to register for:
(Student Name)

_____ EB499 Independent Study in BioMolecular Engineering

_____ PH499 Independent Study in Physics

_____ CH499 Independent Study in Chemistry

The faculty advisor will be: _____.

The requirements for this course will be completed by the end of the _____ Quarter, 20_____.

Title: _____

Proposal: _____

CC: Registrar's Office
Faculty Advisor
Physics & Chemistry Chair
Student

Approved By:

(Faculty Advisor)

(Physics and Chemistry Department Chair)