## **MICHIGAN STATE UNIVERS**ITY

Program in Mathematics Education Wells Hall 619 Red Cedar Road, C110 East Lansing, MI 48824-1031

## MTHE 990 Independent Study Form

Semester:	Year:		Date Initiated:	
Name:			Student ID:	
MSU Email address:		@msu.edu		
Advisor:				
Number of Credits (vari	able, 1-3 credits)			
Title and brief descrip	tion of the Independ	ent Study:		
Signature of Professor	Directing Independent			
Signature of Academic	Advisor:			
Signature of Student:	×			_
-	<b>×</b>			

NOTE: A student may earn a maximum of 12 credits in all enrollments for MTHE 990.

Only faculty members are eligible to sponsor students in independent study or field projects. Please do not ask graduate students or teaching assistants to sponsor an independent study or field project.

Return this form to the Academic Program Coordinator

Independent Study forms must be filed PRIOR to registration.