SOC 490AB/590AB Special Topics in
General Sociology (A) or Rural Sociology (B)

Description: The Sociology Special Topics in General Sociology (A) or Rural Sociology (B) Independent Study option is available to students who need a special opportunity to complete course work outside of the regular SOC curriculum. Students who need to enroll in Sociology 490/590 should have an appropriate rationale for taking an independent study, as well an idea for a project or topic. Students requesting 490/590 should have met with a faculty member who agrees to supervise the independent study, and should have agreed to the learning terms of the course (topic, readings, assignments, meetings, etc.) before completing this form. Add slips will not be given out prior to completion of the 490/590 request form.

GENERAL INFORMATION:
Date:_____________________________ Registration for: _______Semester _________Year
Student’s Name:________________________________________ Univ ID#: ________________
Student’s Major:____________________________ Student’s classification: ________________
E-mail address: ___________________________________ Phone: _______________________

This request is for SOC 490A ____ SOC 590A___ (Graduate standing required for SOC 590)
This request is for SOC 490B ____ SOC 590B___ (Graduate standing required for SOC 590)

1. What project do you wish to undertake? (please attach a tentative syllabus)
2. Which faculty member will be supervising this project?
3. How many credits are you requesting for this independent study?
4. Why do you need to take this topic as an independent study as opposed to a regularly offered course?
5. Which courses have you already taken in this area?
6. Which courses do you plan taking in the future?

LEARNING GOALS AND STRATEGIES:
1. What are your learning goals for this independent study?
2. How will you demonstrate that you have achieved your learning goals? For example, documentation of learning could be a paper, journal, portfolio, written report, photo or video
essay, or other outcome negotiated between you and your supervising instructor.

AGREEMENT SIGNATURES (Print names, sign, and date)

Student:______________________________________________________ Date:____________

Faculty Supervisor:_____________________________________________ Date:____________

Academic Advisor:______________________________________________Date:____________

Department Chair: ____________________________________________ Date:____________