

Department of Plant Pathology and Environmental Microbiology
INDEPENDENT STUDIES CONTRACT

Circle one: PPEM 296 496 596

Name: _____ Today's Date: _____

PSU ID#: _____ Degree (circle one): BS MS PhD

Major: _____

Major Advisor: _____

Project Semester: _____ Year: _____ #Credits: _____

Instructor's Name: _____

Brief Description of Independent Studies Project: (copy/paste or attach)

Student's Signature/Date

Instructor's Signature/Date

NOTE:

- Undergraduate Students must attach a completed Drop/Add form to this request.
- Complete and return this form to the Graduate Program Office in 210 Buckhout.