MALS Independent Study Proposal Form

Incomplete proposals will not be accepted.

Name:_____ **Date:**_____

Concentration:_____ **Dartmouth ID#:**_____

Independent Study Title:_____

Advisor :_____**Term To Be Completed:**_____

PLEASE SEE THE ***INDEPENDENT STUDY PROPOSAL GUIDELINES*** FOR INSTRUCTIONS ON DRAFTING YOUR PROPOSAL

Required Attachments: Along with this form and your proposal, the following attachments MUST be included (*without these, your proposal is considered incomplete and will not be accepted for review*):

- A working bibliography: Include a list of references, formatted in a proper academic citation style (refer to the MALS Independent Study Guidelines).
- A completed Plan-of-Study form: This should include the course title, instructor's name, grade earned, term completed, as well as any future planned courses.
- A detailed weekly syllabus.
- All signatures: You and your Independent Study advisor must sign this form in agreement to the terms.

SIGNATURE OF Student, Independent Study Advisor and Concentration Chair:
Your Advisor must be an individual who holds a Dartmouth faculty appointment, either MALS or non-MALS. Your Concentration Chair should also sign off on your proposal.

By signing this proposal, I affirm my willingness and availability to work with the student/Advisor during the term stated above.

Student Signature:_____ Date:_____

Advisor Name:_____

Advisor's Signature:_____ Date:_____

Concentration Chair Name:_____

Concentration Chair Signature:_____ Date:_____