APPLICATION FOR VIP 890 INDEPENDENT STUDY
VISITING INTERNATIONAL PROFESSIONAL PROGRAM
MICHIGAN STATE UNIVERSITY

NAME: ________________________________________ FIELDS OF INTEREST: ________________
YEAR: FALL, SPRING, SUMMER ________________ NUMBER OF CREDITS: ________________

1. DESCRIPTION (Subject, purpose, methods)

2. RATIONALE (Why independent study rather than regular course?)

3. WORK TO BE COMPLETED
   (a) Type and amount of reading, writing, lab work, etc.
   (b) Estimated contact hours per week with instructor:
   (d) Evaluation procedure:
   (c) Deadline for submitting work for final evaluation:

APPLICANT’S SIGNATURE: _____________________________ DATE: ________________

APPROVALS

______________________________________  _________
Participant’s Advisor’s Signature         Printed Name               Date

______________________________________
Program Coordinator’s Signature          Printed Name               Date

______________________________________
VIPP Academic Advisor’s Signature        Printed Name               Date