Graduate Independent Study Form MIS 753

Student Name:	NSHE:	
Professor Name:		
Credits:		
Term:		
Year:		
•	ork to be completed no later than as to be read, research paper, appl sed, etc.	•
Signatures: Must be signed befo	re submitting to the department fo	r call number
Student Name:	Signature:	Date:
Instructor Name:	Signature:	Date:
Coordinator Name:	Signature:	Date: