

*****DEPARTMENT OF MATHEMATICS
***Math 699 Independent Study**

Student's Name: _____ I.D. No.: _____

Local Address: _____ Email Address: _____

Telephone: _____ GPA (Math): _____ Star # of course: _____

Course Number: Math 699 Title: Advanced Special Topics s.h. 3

Semester: Fall Semester 20 Spring Semester 20 Summer Term 20

Print: _____

Faculty Supervisor

Advisor

Dept. Chair

Sign: _____

Faculty Supervisor

Advisor

Dept. Chair

COURSE OUTLINE:

Primary Resources:

METHOD OF EVALUATION:

Examinations: (approximate dates) _____

Graded Problem Sets: (Approximate number) _____

Major Paper: Yes [] No [] (If yes, approximate number of pages) _____

Comprehensive Final Examination: Yes [] No []