

**STAT 7891 Independent Study in Statistics**

*(To be completed by the MS student and the supervising faculty member)*

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Student Degree/Major/Concentration: \_\_\_\_\_

Supervising Faculty Member: \_\_\_\_\_

Course Subtitle: \_\_\_\_\_

Credit Hours (1-3): \_\_\_\_\_ Term: \_\_\_\_\_

Textbook(s):

Topic Outline:

Expected Student Learning Outcomes/Objectives:

Assignments (readings, description of assignments, etc.):

Grading/Evaluation Criteria:

Tentative meeting plan/schedule:

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Student Signature

Date

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Supervising Faculty Member Signature

Date

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Graduate Coordinator Signature

Date