



Master of Information Individual Study Proposal Form

Name _____ RUID _____

Email Address _____

Term of Proposed Study (semester & year) _____

Have you taken an Individual Study in a prior semester? Yes ☐ No ☐

**Note: this is not a Field Experience 17:610:592*

SC&I faculty member supervising this Individual Study: _____

Learning goals: (We strongly encourage you to develop the learning goals and focus in consultation with the faculty supervisor. Additional goals can be added on an attached page.)

1. _____

2. _____

3. _____

The title and focus of the proposed study: (use an additional page if necessary)

Indicate how you will communicate your status/progress to your faculty supervisor (e.g., weekly email reports, meetings on xx date(s), course shell interactions, etc.):

Proposed date of completion: _____

Student's signature *Date*

"I agree to work with the above student as outlined and recommend approval of this application."

Faculty supervisor's signature *Date*

Please email this completed form to (mi@comminfo.rutgers.edu)
to receive your special permission number for registration.