



# HOFSTRA UNIVERSITY®

THE LAWRENCE HERBERT SCHOOL OF COMMUNICATION

**HOFSTRA UNIVERSITY**  
**Lawrence Herbert School of Communication**  
**Department of Journalism, Media Studies, and Public Relations**

**Independent Study Approval Form**

Date \_\_\_\_\_

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

Level: (circle one)      UG      GR

Topic of Independent Study \_\_\_\_\_

Semester to complete Independent Study \_\_\_\_\_

Number of credits \_\_\_\_\_

Independent Study Abstract (attach student's written proposal)

Project Summary by Supervising Adviser (attach document)

Faculty Adviser (print name) \_\_\_\_\_

Faculty Adviser's approval (initials) \_\_\_\_\_

Date \_\_\_\_\_

Department Chairperson's approval (initials) \_\_\_\_\_

Date \_\_\_\_\_