

**INDEPENDENT STUDY/ ARCHITECTURAL PRACTICE/ WORK STUDY REQUEST FORM**

1 \_\_\_\_\_  
STUDENT NAME YEAR IN PROGRAM

2 \_\_\_\_\_  
PROJECT TITLE

3 INDEPENDENT STUDY                      ARCHITECTURAL PRACTICE/INTERNSHIP                      WORK STUDY

4 PROPOSED PLAN AND TIMELINE                      EXTERNAL PAID EMPLOYMENT

5 LIST LEARNING OUTCOMES WITH PERFORMANCE CATEGORIES IF APPLICABLE

\_\_\_\_\_  
PROJECT MENTOR/SUPERVISOR SIGNATURE DATE

\_\_\_\_\_  
CORE FACULTY SIGNATURE DATE

SCHOOL ADMINISTRATION:                      \*APPROVED                      REVISE                      DENIED

\*DIRECTOR OF ADMISSIONS AND STUDENT SERVICES APPROVAL IS REQUIRED FOR WORK STUDY

\*HR APPROVAL IS REQUIRED FOR EXTERNAL PAID EMPLOYMENT WITH THE FOUNDATION