

**University of Nevada, Las Vegas  
Department of Political Science**

**Graduate Independent Study (1 of 2 pages)**

**PLEASE COMPLETELY READ AND FOLLOW THESE  
INSTRUCTIONS AND FILL OUT ALL SECTIONS OF THE  
ATTACHED FORM.**

**YOU WILL THEN RECEIVE PERMISSION FOR ENROLLMENT.**

**PSC 794**

**Independent Study and Research in Political Science (1-3 credits)**

A course of independent reading and research in political science; the student should select the topic of study in consultation with the graduate coordinator and an instructor before registration. May be repeated to a maximum of six credits with consent of instructor.

Political Science Department Independent Study form must be completed by the student and instructor of study and the graduate coordinator within the normal registration period before permission is provided for enrollment. A copy of this signed form must be submitted to the student, instructor of study, and the department office.

Independent Study students must submit copies of all necessary work to the instructor **no later than one week** prior to the completion of the semester:

1 credit of study = 60 hours

2 credits of study = 120 hours

3 credits of study = 180 hours

University of Nevada, Las Vegas  
Department of Political Science

Graduate Independent Study (2 of 2 pages)

**PLEASE COMPLETELY FILL OUT ALL SECTIONS OF THIS FORM  
YOU WILL THEN RECEIVE PERMISSION FOR ENROLLMENT**

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_ NSHE/L #: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Degree Program: \_\_\_\_\_  Admitted  Non-Admitted

SEMESTER Spring  Summer II  Summer III  Fall  20\_\_\_\_

CREDITS: \_\_\_\_\_ HOURS: \_\_\_\_\_

PSC 794 - Independent Study & Research in Political Science

The following is the necessary work to be completed (i.e., books to read, term papers, critiques, etc.). You must submit copies of all work to the instructor **no later than one week** prior to the completion of the semester:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES: Must be signed before permission is provided for enrollment**

Date: \_\_\_\_\_ Student: \_\_\_\_\_

Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

Date: \_\_\_\_\_ Graduate Coordinator: \_\_\_\_\_