

Independent Study Application Form

EcoTeach Center | Department of Economics

Name	Duke Unique ID <i>(on reverse of DukeCard)</i>
Email	Term/Year of Project
Type of Study <i>(check one)</i>	Anticipated Graduation Term/Year
<input type="checkbox"/> RESEARCH (191, 193) <input type="checkbox"/> TUTORIAL (192, 194) <input type="checkbox"/> HONORS THESIS (204)	

Thesis Title *(for inclusion on transcript – 30 characters or less)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

One-Paragraph Abstract Describing Intention/Plan of Study *(write below or attach)*

Student Name	Student Signature/Date
Faculty Supervisor Name	Faculty Supervisor Signature/Date

*The Director of Undergraduate Studies reviews all applications.
Upon approval, students will be emailed a permission number for course registration.*

***** For Use By EcoTeach Staff Only *****

DUS Approval Signature	Date	
Course Number	Permission Number	Staff Initials/Date

Mail completed form to: Box 90097, Durham, NC 27708 -- OR -- Deliver To: Room 138 SocSci