

UCSB DEPARTMENT OF LINGUISTICS

Independent Studies Course
Linguistics 199

Fill out this first section only and return it to the Linguistics undergraduate advisor in order to register for the course.

Student's name: _____

Perm #: _____

Major: _____

GPA: _____

Upper Division Standing: Yes / No (Circle one)

Professor supervising: _____

Graduate Student supervising: _____
(may not be applicable)

Units _____ Quarter _____ Year _____

Student's plan for course content:

Professor's Signature _____