

UCSB DEPARTMENT OF LINGUISTICS

Independent Studies Course  
**Linguistics 99**

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 \_\_\_\_\_