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Independent Study Evaluation

Name of Advisor: Date of this report: Topic being studied: Consultation Number: First Study (IS I) Third Study (IS III) Third Study (IS III) This consultation began on (give entire date): This consultation ended on (give entire date): Number of consultations since the last report: Contracted goals met (i.e. specific readings, outline, literature review, section of proposal, etc.) 1). 2). 3). Comments: Evaluation Criteria met (i.e. paper, outline, literature review, section of proposal, etc.): 1). 2). 3). Comments:	Name of Student:	
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This consultation ended on (give entire date):	Third Study (IS III)	Fourth Study (IS IV)
This consultation ended on (give entire date):	This consultation began on (give entire date):	
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Grade: PASS FAIL In Progress	Grade: PASS FAIL In Progre	ess
Instructor's Signature Date		