

Boston College
Center for Human Rights and International Justice
Independent Study Proposal

Student's Name _____ *Eagle ID* _____

Date of Proposal _____ *Year in Degree Program* _____

Degree Program _____ *MA* ____ *PhD* ____ *JD* ____ *LLM* ____

Student Email _____

Course number and semester in which the Independent Study will be completed (e.g. EDXXX, 2008F): _____

Student and professor should discuss this proposal prior to its completion by the student. It must be signed by the student and supervising CHRIJ professor and by the Center's Assistant Director. Use additional sheets as needed but entire proposal should not exceed 500 words.

1. Topic of your proposed study:

2. Objectives of your proposed study (list 2-3 major objectives):

3. Research and/or proposed activities in which you will be engaged to meet the above objectives:

4. Outcomes by which you will demonstrate that you have met the above objectives:

5. Nature and frequency of contact with the professor:

6. What educational objectives will this independent study meet that cannot be addressed by a course at BC?

NB: The final evaluation report for the Independent Study needs to be filed with the professor and with the Assistant Director.

Signature of Student _____ Date _____

Signature of CHRIJ Professor _____

Approved_____ Not Approved_____ Date_____

Signature of CHRIJ Assistant Director_____

Approved_____ Not Approved_____ Date_____