



CHID Independent Study

Intent to Participate Form

Name: _____
Last First Middle

Student Number: _____

Supervised By (Name of Faculty Member): _____

Topic (brief description): _____

Participating UW Quarter: _____

Assignments/what needs to be completed for credit? (use the back of page if necessary)

Grade Type: CR/NC Numerical

Number of Credits (1-5): _____

Student Signature Date Email

Faculty Advisor Signature Date Email

Please submit this completed form to the Advisor in the CHID program (B102 Padelford Hall)