

University of Nevada, Las Vegas

Department of Sociology

**APPROVAL FOR INDEPENDENT STUDY**  
SOC 797

**Must be submitted prior to registration.**

Name: \_\_\_\_\_ L Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Semester: Fall Year: 2007 Credits: 1

Description of Proposed Project, Area of Study, etc.

**Approval Signatures:**

_____ Student	_____ Date
_____ Student's Committee Chair	_____ Date
_____ Instructor's Signature	_____ Date
_____ Department Chair/Grad. Coordinator	_____ Date