MICHIGAN STATE UNIVERSITY
APPLICATION FOR INDEPENDENT STUDY

PLEASE READ THE GUIDELINES BEFORE COMPLETING THIS FORM.
ALL ITEMS MUST BE COMPLETED BEFORE APPROVAL SIGNATURES ARE OBTAINED.

<table>
<thead>
<tr>
<th>Please Type or Print</th>
<th>PID:</th>
<th>LEVEL:</th>
<th>CLASS:</th>
<th>MAJOR:</th>
<th>CUMULATIVE GRADE - POINT AVERAGE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME:__</td>
<td>Last</td>
<td>First</td>
<td>Middle Initial</td>
<td>DATE:</td>
<td>_</td>
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</tbody>
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<table>
<thead>
<tr>
<th>COURSE SUBJECT CODE AND NUMBER</th>
<th>CREDITS</th>
<th>SEMESTER</th>
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<tbody>
<tr>
<td>Number of other Independent Study credits to be earned the same semester</td>
<td>3</td>
<td>20</td>
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<tr>
<td>Total of prior Independent Study credits in semester credit equivalents:</td>
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1. DESCRIPTION (Subject matter, purpose, methods)
   COURSE WILL BE THE SAME AS PHIL330.
   FORMAL METHODS OFDEDUCTIVE REASONING, LOGIC OF CONNECTIVES,
   QUANTIFIERS, INCLUDING IDENTITY, FUNCTIONS, AND DESCRIPTIONS.
   (FROM MSU CALENDAR OF COURSES).

2. RATIONALE (Why independent study rather than regular course?)
   THE STUDENT IS TAKING
   THIS CLASS AS A GRADUATE STUDENT IN ORDER TO
   SATISFY THE DEPARTMENT’S GRADUATE LOGIC REQUIREMENT.

3. PREPARATION (Relevant course work, reading, work experience, etc.)
   SAME WORK AS PHIL 330.

4. WORK TO BE COMPLETED
   (a) Type and amount of reading, writing, lab work, etc.
       SAME WORK AS PHIL330.
       THE STUDENT WILL PARTICIPATE IN ALL
       THE INSTRUCTIONAL & LEARNING ACTIVITIES OF
       THE PHIL 330 CLASS.
   (b) Estimated contact hours per week with instructor:
       SAME AS PHIL330
   (c) Deadline for submitting work for final evaluation:
       SAME AS PHIL330
   (d) Evaluation procedure
       SAME AS PHIL330. TO SATISFY THE GRAD LOGIC
       REQMT, A FINAL COURSE GRADE OF AT LEAST 3.0 MUST BE EARNED.

STUDENT'S SIGNATURE __________ APPROVALS __________ PHONE __________

Instructor Signature ______ Date ________

Instructor Name - Printed __________

DISTRIBUTION (By Department Offering Course)
Chairperson, Dept. Offering Course
Student
Instructor

Academic Advisor

Chair/person, Department Offering Course

Photocopies should be sent, per College preference, to:
Asst. Dean, Student’s College
Advisor

Date ________

PLEASE PRINT YOUR NAME: __________