

INDEPENDENT STUDY PROJECTS
Department of Architecture

Semester: Fall 2008 (09FA) IAP 2009 Spring 2009 (08SP)

STUDENT NAME: _____ MIT ID # _____

Course IV ___ OTHER _____ E-Mail address _____

Graduate: _____ Undergraduate: _____

Pass/Fail: _____ Graded: _____ # of Units: _____

Subject Number:* _____

Subject Name:* _____

Project Proposal: (Description of project including scheduled meeting dates with supervisor and timeline for completion of work expected.)

Project Supervisor: _____
(Please Print)

Signature of Project Supervisor: _____

(Date)

**This form must be completed and signatures secured before a Special Project subject number will be assigned and registration permitted.*

RETURN THIS FORM to Renée Caso in 7-337 no later than ADD DATE. A copy will be sent to the Project Supervisor at the end of the term when grades are due.