

**Department of Public Administration and Policy
University of Georgia**

Independent Study Agreement Form

Term:

Year:

Student Name:

Student ID Number:

Degree Program:

Intended Specialization:

Instructor:

Description of Directed Reading:

Expected Date of Completion:

I confirm that the above student will be working with me on the course described herein, which can be identified on the student's program of study and transcript as PADP 9200.

Instructor:

Date:

Student:

Date:

Graduate Coordinator:

Date: