

**Department of Information Systems  
Graduate Program**

**Proposed Independent Study**

**Graduate Student** (Student Name):

**Student Advisor** (Advisor Name):

**Degree Program** (MS/PhD):

**Semester/Year:**

**Campus ID #:**

**Independent Study Coordinator:**

**Credits (1-3):**

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**Proposal:** (One to two sentence proposal of the independent study)

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**Abstract**

**Overview:** (Background information for the independent study)

**Proposed Approach:** (Planned approach to the independent study)

**Proposed Result:** (Results / deliverables)

With the approval of the Graduate Department of Information Systems, University of Maryland Baltimore County, I will proceed with this Independent Study.

**Signed:**

**Approved:**

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Graduate Student  
Email address:

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(Instructor)  
Independent Study Coordinator

**Approved:**

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Shannon Keegan  
IS Graduate Department Coordinator