

The Johns Hopkins University
Whiting School of Engineering
Engineering and Applied Science Programs for Professionals

APPROVAL FORM FOR INDEPENDENT STUDY/PROJECT

Student Name: _____

Address: _____

Bus. Phone: _____ Home Phone: () _____

Mentor/Instructor (Must be a current EPP faculty member)

Name: _____

Address: _____

Phone: _____

Adviser

Name: _____

Phone: _____

Course

Course Number/Title: _____

Semester/Term/: _____

Give a brief description of the independent study project. *(Attach a second sheet as needed.)*

Approvals

Student: _____ Date: _____

Mentor/Instructor: _____ Date: _____

Advisor: _____ Date: _____

Program Chair: _____ Date: _____