The J. Watumull Scholarship for the Study of India

Independent Field Research/Study
Approval Form

Students who will be participating in an independent study program in India and registering for UH credit are required to complete and submit this form with their application. Proposals which are not approved by the student's academic advisor will not be considered.

Name of student _______________________________________________________________________________

Approval by Faculty Member(s). Each faculty member with whom the student will complete an independent study course (field study/directed reading/research) should complete this form. (Add additional copies of this form as necessary).

A. UH course(s) for which student will enroll ______________________________________________________

Briefly describe academic work that the student will be required to complete in order to earn credits for this course:

How many credits will be granted upon successful completion of this work? ______________________________

_____________________________________________________  _____________________

UH Faculty Member Overseeing Course (name and signature)  Date

B. UH course(s) for which student will enroll ______________________________________________________

Briefly describe academic work that the student will be required to complete in order to earn credits for this course:

How many credits will be granted upon successful completion of this work? ______________________________

_____________________________________________________  _____________________

UH Faculty Member Overseeing Course (name and signature)  Date

Approval of Academic Advisor

Do you approve of the applicant's proposed course of study as described above and in the scholarship application? YES / NO

If the applicant is an undergraduate student, will these credits be counted towards the student's degree as core, major or elective credit? _______________________________________________________________________________

Will the student's graduation be delayed as a result of participating in the program? YES / NO

________________________________________________________  _____________________

Student's Academic Advisor (name and signature)  Date