

WESLEYAN  
GRADUATE  
LIBERAL STUDIES

74 WYLLYS AVENUE  
MIDDLETOWN, CT 06459

## GRADUATE PROPOSAL FORM

There are numerous opportunities through GLS to pursue independent study with a faculty member: Graduate Tutorial, Writing Certificate Capstone, MALS Capstone, and MPhil Thesis. This form must be submitted with your proposal.

**Guidelines for each type of independent study can be found on the GLS website.**

Please email all proposal materials to [masters@wesleyan.edu](mailto:masters@wesleyan.edu) or deliver them to the Graduate Liberal Studies office at 74 Wyllys Avenue, Middletown, CT.

Please keep a copy of all documents submitted for your personal records.

### PERSONAL INFORMATION

Wesleyan ID#: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

### PROPOSAL INFORMATION

Title: \_\_\_\_\_

Faculty advisor: \_\_\_\_\_ Faculty Email address: \_\_\_\_\_

Area of study:  Arts  Humanities  Mathematics  Sciences  Social Sciences

Form of work:  MPhil Thesis  MALS Capstone  Writing Certificate Capstone  Graduate Tutorial

If approved, I will register and begin work for the following term:  spring 17  summer 17  fall 17

- I have attached all information as required in the guidelines.
- I understand that incomplete grades and non-medical withdrawal are not available.
- I will pay the tuition and any applicable fees within three (3) business days of enrollment in my independent study course. Tuition and fees are posted at [www.wesleyan.edu/masters/tuition/index.html](http://www.wesleyan.edu/masters/tuition/index.html) and an invoice for the charges will be sent to my Wesleyan email address when I am enrolled.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FACULTY ADVISOR AGREEMENT

*I agree to serve as faculty advisor on the above-named independent study. I have read the student's application, course description, syllabus, book list, bibliography, and any other relevant materials, and have agreed to meet with this student according to the attached schedule.*

Faculty advisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

GLSP Office Use		
_____ Approved	_____ Conditionally Approved	_____ Denied
Term: _____	Registered, date/initials: _____	Payment, date/initials: _____