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INDEPENDENT STUDY SELF-ASSESSMENT FORM AND EVALUATION

Part I (To be completed by the student)

Name _____ Student ID Number **U** _____

Phone _____ Email _____ Period _____ Dept _____

List learning objectives and work products (from the independent study application form)

	Objectives	Work Products
1		
2		
3		

Please evaluate the extent to which the above objectives were achieved.

1.	
2.	
3.	
4.	
5.	

How well did this independent study meet your expectations?

Overall, what contributed most significantly to your learning in this independent study?

What challenges or obstacles did you experience during this independent study?

Given the opportunity, what would you have changed about this independent study?

Do you have any additional comments about this independent study?

Student signature	Date
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Part II (To be completed by the faculty supervisor)

Circle one

