THE GEORGE WASHINGTON UNIVERSITY
THE GRADUATE SCHOOL OF POLITICAL MANAGEMENT

GRADUATE SCHOOL OF POLITICAL MANAGEMENT
INDEPENDENT STUDY

APPROVAL FORM

Student Name: _____

Semester: _____

Course Number and Title: _____

Describe the Independent Study or Tutorial Project: _____

_____

_____

Describe the Requirements for this Project:: _____

_____

_____

SIGNATURES FOR APPROVAL

Student: _____
Signature Date

Faculty Advisor _____
Signature Date

Associate Dean: _____
Signature Date

Official Use Only:
Received By: