

**DEPARTMENT OF ENGLISH LANGUAGE & LITERATURE
INDEPENDENT STUDY MODULE (ISM) APPLICATION FORM
ACADEMIC YEAR: _____
SEMESTER 1 / 2**

This form has to be completed by students applying to take level 5000/6000 ISMs after detailed discussion with their proposed supervisors.

For Student

Name of Student : _____
Matric No : _____ Preferred Email Address: _____
Contact No. : _____

For Supervisor

Name of Supervisor : _____
Department : _____
Signature & Date : _____

For Department Graduate Coordinator (Research)

Name of Department Graduate Coordinator: Dr* / A/P* / Prof* _____
Department : _____
Signature & Date : _____

Title of ISM: _____

Brief description of ISM:

Readings:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Assignment and continuous assessment schedule:

No.	Type of Assignment, Topic and Number of Words (if applicable)	Date or Week of submission	CA percentage