

<b>JOURNALISM INDEPENDENT STUDY FORM</b>
--

\_\_\_\_\_ **JOUR 480, SPECIAL PROBLEMS IN JOURNALISM**

\_\_\_\_\_ **JOUR 490, SPECIALIZED JOURNALISM SKILLS**

\_\_\_\_\_ **JOUR 495, SPECIALIZED JOURNALISM ISSUES**

1-3 HRS. CREDIT Research problems, practical projects, intensive reading or mini-courses to meet needs of student's special interests. Must be approved by faculty member. May be required for letter grade. May be repeated up to 6 hrs.

Please complete the following in **DUPLICATE**, have your advisor sign and return both copies to the Journalism Office.

Name \_\_\_\_\_

POO# \_\_\_\_\_ STAR Access Code: \_\_\_\_ \_ ' `

Campus Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip \_\_\_\_\_

Current GPA: \_\_\_\_\_ JOUR 200 Grade: \_\_\_\_\_

Title of Independent Study: \_\_\_\_\_

Description of Independent Study:

ADVISER'S SIGNATURE (**REQUIRED**) \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_ Credit Hours \_\_\_\_\_ Grade \_\_\_\_\_ or S/U \_\_\_\_\_

**STUDENT'S SIGNATURE ON LIABILITY WAIVER (reverse side) IS REQUIRED BEFORE SECTION NUMBER IS ISSUED**

Return this form in **DUPLICATE** to the Journalism Office (302 West Hall) to receive your section number. Must be received by the Journalism Office prior to the third (3rd) week of the semester.

## **LIABILITY WAIVER**

IN CONSIDERATION of my being permitted to participate in the Department of Journalism program at Bowling Green State University, I for myself, my heirs, executors, administrators, and assigns, hereby waive and relinquish any and all rights, claims or demands, against Bowling Green State University or any University employees which may hereafter accrue to me by reason of any injury or injuries due to any accident or accidents, whether the same result in death or not, which I may sustain during such experiences provided by Bowling Green State University, as aforesaid; and I further agree for the above consideration, for myself, my heirs, executors, administrators and assigns, that I will not present any claim, or file any suit, against Bowling Green State University or any University employees if I sustain injuries from said accident or accidents, whether said injuries result in death, or not, and whether or not such death be immediate. I hereby attest and verify that I have full knowledge of the risks involved in this participation.

I further agree to indemnify and hold Bowling Green State University and its employees harmless from any claim or suit arising out of any alleged malfeasance, misfeasance or nonfeasance or any alleged acts or omissions constituting malpractice by me in connection with such experience.

I understand that I will be supervised at the work site by my employer and I have the option of not working in a hazardous environment. Also, I agree that my automobile liability insurance will be in force if I am driving an automobile during my work assignment. Furthermore, I understand that I can acquire professional liability insurance through Bowling Green State University if I so desire or if my work supervisor requests said insurance.

---

(Student's Signature)

---

(Date)