



Independent Study Plan

This Independent Study Activity Plan must be approved by a RID Approved Sponsor
PRIOR to the onset of the activity.

CMP Participant Name: _____		RID Member #: _____	
Participant's Address: _____			
City: _____	State: _____	Zip: _____	
Email: _____	Phone # _____		

1. What do I want to do? *Describe the activity you are proposing.*

(Ex: I would like to know more about the process of translation from a linguistic point of view. Several books on translation have been recommended. I would like to read them and apply them to my work.)

2. What are my specific goals? *Keep your goals measurable, observable, tangible!*

(Ex: "I will compare the problems and techniques of spoken language interpreters to those I have experienced.")

