INDEPENDENT STUDY REQUEST FORM

TO BE COMPLETED BY STUDENT:

Student’s Name: ___________________________ Date: ____________________

Semester for Independent Study: ____________________________

Reason for Requesting the Independent Study: ____________________________

____________________________________________________________________

____________________________________________________________________

TO BE COMPLETED BY INSTRUCTOR:

Designated Instructor: ___________________________________________________________________

Due Date: ______________________

Course Number: ___________________________ Number of Credits to be Award: _________________

Title of Independent Study: ____________________________

Brief Description of Independent Study: ____________________________

____________________________________________________________________

____________________________________________________________________

□ Approved  □ Not Approved

Program Director’s Signature: ___________________________ Date: ____________________

Instructor’s Signature: ___________________________ Date: ____________________

INSTRUCTIONS:
Please complete entire form; incomplete forms will not be processed.

To Student:
1. Obtain approval from your Program Director/Chair prior to obtaining the instructor’s signature.
2. Consult with your instructor and obtain requirements and evaluation methods.
3. Return this form to the Registrar’s Office after signatures have been obtained.
4. Maintain a copy for your records.
5. Submit completed work to instructor by established due date.

To Faculty:
1. Attach course requirements and evaluation methods to this form.
2. Establish due date. Typically this should be no longer than one term.