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.