



INDEPENDENT STUDY

Student Name		Student ID#	
Cellular #		Email address	
Concentration		Minor/2 nd Concentration	
GPA		Year of Graduation	

Course Title		Course Number	
Semester		Credit(s)	

INDEPENDENT STUDY IS OFFERED ONLY WHEN A COURSE IS NEEDED TO GRADUATE ON TIME

REASON FOR REQUEST:

COURSE OUTLINE *(Include course description, readings, method of evaluation and grading. Attach syllabus if available)*

INSTRUCTOR SIGNATURE DATE

INSTRUCTOR – PRINT NAME

PROGRAM CHAIR SIGNATURE DATE

PROGRAM CHAIR - PRINT NAME

RETURN THIS FORM TO THE REGISTRAR'S OFFICE FOR DEAN'S APPROVAL

FOR OFFICE USE ONLY

Approved		Not Approved	Recommendation:
<input type="checkbox"/>	DEAN'S SIGNATURE	<input type="checkbox"/>	