



# Independent Study Request Form

Instructions are printed on the reverse side. Please type or print (INK ONLY) all information requested.

Please check one: \_\_\_\_\_ Graduate/Post Baccalaureate Certificate student      \_\_\_\_\_ Undergraduate student

Indicate the **Year** for the request below: \_\_\_\_\_

**Indicate Semester or Session:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_ Summer 10 Weeks \_\_\_\_\_ Winter \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Degree Program: \_\_\_\_\_

No. of Credits previously earned in this department: \_\_\_\_\_ No. of Independent Study credits previously earned in this department: \_\_\_\_\_

Have you completed the prerequisite course, if any, for this course? \_\_\_\_\_

**COURSE REQUESTED: PREFIX: \_\_\_\_\_ COURSE NUMBER: \_\_\_\_\_ NO. OF CREDITS: \_\_\_\_\_**  
(Please see back of form for list of independent study courses.)

**For Verification of Attendance purposes, please enter the course start, midterm and end date.**

Start Date \_\_\_\_\_

Midterm \_\_\_\_\_

End Date \_\_\_\_\_

Course Title: \_\_\_\_\_

Topic: \_\_\_\_\_

Concise Description of Content (or Project) and Approach or Method of Coverage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRINT INSTRUCTOR'S NAME:** \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairperson's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Winter Session Courses must be approved and signed by the Provost.**

\_\_\_\_ Approved

\_\_\_\_ Disapproved

\_\_\_\_\_  
Provost Signature