INDEPENDENT STUDY
Request Form

Student Name:_____
Last First Middle

SID:_____

Semester for which request is being made: _____
Semester

Course # : _____ Credits: _____

Course Title: _____

An Independent Study may not be given in any course listed in the Catalog other than Independent Study. Please indicate the specific title of your project. This will be filed in your permanent record for future reference. **You must also provide a plan of action, expected project outcome and bibliography as an attachment to this form for approval.**

Project Title: _____
_____
_____

_____
Signature of Student Date

_____
Approval of Supervising Professor Date

_____
Approval of Department Head Date

_____
Approval of School Dean Date

Original: Registrar Office

Copy: School Office, Academic Affairs, Student