INDEPENDENT STUDY FORM

Student Name: ___________________________ Student ID: ___________________________

Advisor’s Name: ___________________________ Phone #: ___________________________

Students Email: ___________________________ Phone #: ___________________________

Term: ___________________________ Year: ___________________________ Date: ___________________________ Major: ___________________________

Course Catalog Number: ___________________________ Course Name: ___________________________ Subject Area: ___________________________

This form cannot be processed unless all signatures have been obtained.

Advisor: ___________________________ Date: ___________________________

Instructor: ___________________________ Date: ___________________________

Dept. Head: ___________________________ Date: ___________________________

VP of Designee: ___________________________ Date: ___________________________

Any student(s) wishing to study a subject independently for credit must find an instructor to supervise the course. The instructor and the student then agree on the number of credits the student may earn. The student must complete the Independent Study Authorization Form, have it signed by appropriate signatures, and deliver it to the Registrar.

**ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR’S OFFICE**

Registrar’s Use Only

Date of institutional Independent Study Form Received: ___________________________ Signature: ___________________________

Revised 6.27.18 JM