



Independent Study Application

This form must be filed by the end of the ADD period of the session in which the Independent Study is to take place.

Please refer to the Undergraduate Catalog for the Policy on Independent Study.

Name: _____ Student ID# _____

Signature: _____ Date: _____

Provide a brief description of the Independent Study Proposal (in this space):

This section to be completed by the faculty supervising the Independent Study.

Faculty is directed to please review the Independent Study policy and procedure prior to approving this request.

Term in which Independent Study is requested.

Independent Study Abrv. _____ # _____ Department: _____

Faculty Name: _____ Date: _____

Signature: _____ Faculty ID# _____

This section to be completed by the Department Chair for the department in which the Independent Study will be housed.

APPROVE Print Last Name: _____

Signature: _____ Date: _____

This section to be completed by the Dean of the College in which the Independent Study will be housed.

APPROVE Print Last Name: _____

Signature: _____ Date: _____