INDEPENDENT STUDY APPLICATION FORM

Student's Name_____ Program: ○BA ○BS ○MA ○6YR ○Ph.D.
(last) (first) (circle one)

Student's School/College & Major Program_____
(school) (major)

Student's Advisor_____

Course/Section Number_____ Number of Credits_____

Title of Proposed Study_____

_____

DESCRIPTION OF INDEPENDENT STUDY (fill in below or attach a separate sheet)

1. Objectives

2. Procedures/Activities

3. Evaluation

The student must submit this form signed by the Supervisor of the Independent Study accompanied by an **Independent Study Authorization** form to the Department Head for approval. This form will be kept on file in the Department office.

Supervisor of Independent Study_____ Date_____
(signature)

Department Head_____ Date_____
(signature)