

Independent Study* Application

*Course is not on the approved schedule during the session I wish to take it.

Name _____ I.D.# _____

Local Address _____ Cum GPA _____

Course Number	Title	Sem/Year	No. of Hours
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I request permission to take the above course by Independent Study. I am aware that I will be charged the current tuition rate plus an additional fee for this course. I UNDERSTAND THAT IF I DROP THIS COURSE, THE NORMAL REFUND POLICY FOR A 15-WEEK SESSION WILL APPLY, UNLESS THE APPLICATION WAS SIGNED BY THE DEAN AFTER THE START OF THE SESSION. IN THAT CASE, I UNDERSTAND THAT I WILL RECEIVE NO REFUND OF TUITION OR ADDITIONAL FEE(S) IF I DROP TWO WEEKS OR MORE AFTER THE DEAN HAS SIGNED THE FORM. To the best of my knowledge, all information on this application is accurate.

Student Signature

Date

Please attach course syllabus, if appropriate. If syllabus is attached, skip to number 5.

1. Representative background reading: _____

2. Representative fieldwork activities, if applicable: _____

3. Major questions to be explored: _____

4. Major paper, creative project or other outcome of the study: _____

5. The way this independent study will be evaluated: _____

Review And Approval Of The Application

Supervising Instructor

Date

Academic Advisor

Date

Dean of College

Date

Area Director

Date

Date Registrar's Office Received: _____

Date Processed: _____