



## Independent Study Request Form

This application with documentation must be submitted no later than **one week** before the beginning of the semester. Do not start on an Independent Study until you receive notice from the Records Office that it has been approved and you have been automatically registered for the course. This type of study is limited to **two** per student per degree.

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone/Contact #: \_\_\_\_\_

Semester/Year to be Scheduled: \_\_\_\_\_ GPA: \_\_\_\_\_ Estimated Graduation (SEM/YR): \_\_\_\_\_

Course Number: \_\_\_\_\_ #Credit Hours: \_\_\_\_\_ Major: \_\_\_\_\_

Reason this course cannot be taken in a regularly scheduled classroom setting:

only course needed to graduate and it is not offered this semester

class cancelled because of low enrollment

matches student's degree plan and is not offered regularly

Other \_\_\_\_\_  
\_\_\_\_\_

Progress meetings will be held on M T W Th F \_\_\_\_\_ weekly every 2 weeks  
(Check ) (Time) (Check one)

Other arrangement for Progress meetings: \_\_\_\_\_

The following documents **must** be attached: (Request forms submitted without documentation will be returned to student.)

Course Outline and/or Syllabus  Method of evaluation  Student Course History  Student G.P.A.

\_\_\_\_\_  
**Student's Signature** **Date**

\_\_\_\_\_  
**Student Name (Printed)**

**(Full time faculty signature is needed when an Adjunct is teaching the class. Each I.S. counts as one credit hour towards 24 hour yearly adjunct teaching limit.)**

\_\_\_\_\_  
**Full Time Faculty Signature** **Date**

\_\_\_\_\_  
**Full Time Faculty Name (Printed)**

\_\_\_\_\_  
**Adjunct Faculty Signature** **Date**

\_\_\_\_\_  
**Adjunct Faculty Name (Printed)**

Office Use:

Approved  Not Approved

Reason not approved \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dean Date

**\*\*Top Page Only: Please send copies to VPAA Office, Record's Office and LMS Administrator.**