



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**

Full Time Faculty Signature **Date**

Student Name (Printed)

Full Time Faculty 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.)

Adjunct Faculty Signature **Date**

Adjunct Faculty Name (Printed)

Office Use:

Approved Not Approved

Reason not approved _____

Dean Date

****Top Page Only: Original goes to Records Dept. Copies to Ann Ernst and Angie Devilbliss after approval.**