



## Independent Study Application Form

Student Name *(Please print)*: \_\_\_\_\_ Student ID : \_\_\_\_\_

Address *(HUB Suite)*: \_\_\_\_\_ Class Level:  Junior  Senior

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Degree/Major/Option: \_\_\_\_\_

Title of Independent Study: IS: \_\_\_\_\_  
*(Titles may not exceed a total of 30 characters and spaces)*

Discipline Code:  - 4910  1.0 credit  2.0 credits  3.0 credits  4.0 credits  
*(i.e. BU, CS, ED, etc.)*

To be taken during  Fall  Spring \_\_\_\_\_  
Year Instructor

*\*Please attach additional sheets to this form if more space is required in any category\**

**Objectives:**

**Procedure (including bibliography, if pertinent):**

**Evaluation Procedures:**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Endorsements: Please note that the University does not remunerate professors for supervision of independent study. A professor who agrees to sponsor a student does so of his/her own volition, and may refuse out of respect for his/her regular teaching, research and service.

**Sign only if approving:**

\_\_\_\_\_  
**Instructor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Chair**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Advisor**

\_\_\_\_\_  
**Date**

*Once all signatures have been obtained, take this form to the Office of the Registrar by the deadline for adding an Independent Study*