You are requesting an independent study. For your application to be approved, you must be an admitted student and provide a detailed outline of your proposed work. This form must be completed and the appropriate signatures obtained before you can register for the course. If more space is required in any category below, please continue on another page.

Today’s date _____________________________

Student ID                           Last name                                                        First name                                                MI
Degree: ___________ Major: ______________________________ Concentration: _______________________________

Course dept/Number  _____  Number of Credits  _____

Independent Study Title: ___________________________________________  Limited to 30 characters

Instructor: _____________________________________  Start Date: _____/_____/_____  End Date: _____/_____/_____

ABSTRACT: (Overview of Proposal)
__________________________________________________________________________________________________
__________________________________________________________________________________________________

OBJECTIVES: (What are the specific learning outcomes which will result from this experience?) ___________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

PROCEDURES: (What specifically will the student do to meet those outcomes?) ______________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

PROPOSED BIBLIOGRAPHY: _______________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Student Signature: _____________________________________________________________  Date: _____/_____/_____

An instructor may agree to sponsor an individual or may refuse out of respect for his or her regular teaching, research and services. Instructors are not required to supervise independent studies. Approvals must be completed before course work begins.

Approved: ☐ Yes ☐ No ___________________________________________________________  Date: _____/_____/_____

Instructor

Approved: ☐ Yes ☐ No ___________________________________________________________  Date: _____/_____/_____

Academic Advisor

Approved: ☐ Yes ☐ No ___________________________________________________________  Date: _____/_____/_____

Program Coordinator

Approved: ☐ Yes ☐ No ___________________________________________________________  Date: _____/_____/_____

Department Chair

Approved: ☐ Yes ☐ No ___________________________________________________________  Date: _____/_____/_____

Associate Vice President of Academic Affairs

Approved: ☐ Yes ☐ No ___________________________________________________________  Date: _____/_____/_____

Associate Vice President for Academic Administration and Finance