



Independent Study Application Form

Last Name _____ First Name _____

Student ID _____ Cell Phone # _____

Degree EdD EdS CAGS MA MAT MBA MEd MS BA BS BFA Certificate

Major _____ Concentration/Option _____

Major _____ Concentration/Option _____

Title (27 Characters or Less) – IS _____ Instructor _____

Discipline Code – _____ Course # _____ Credits _____

Term/terms in which independent study will be taken: Fall Winter Spring Summer Year _____

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

Objectives – What are the specific learning outcomes which will result from this experience?

Procedure – What specifically will the student do to meet those outcomes?

Proposed Bibliography

Student Signature _____ Date _____

Instructor Signature _____ Date _____

Department Chair/Coordinator/Designee _____
Signature/date

Please return this form to the registrar’s office in Speare via the methods noted below.

Processed by: _____ Date _____	9/2020
--------------------------------	--------