

APPLICATION FOR INDEPENDENT STUDY

Name _____ Student ID _____ Date _____

Course (Dept Code & Course Number) BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB 7HUP

Number of hours completed _____ Major _____

Directions: You must obtain the required signatures in the order in which they are listed.

Student Services Representative Review

- | | | |
|---------|--------|---|
| ... Yes | ... No | Sophomore Standing (33 hours or more) |
| ... Yes | ... No | Within one semester of graduation |
| ... Yes | ... No | Course not offered by any other means |
| ... Yes | ... No | No documentation exists to indicate the student has taken more than 2 courses independent study |
| ... Yes | ... No | Extenuating Circumstances: _____

_____ |
| ... Yes | ... No | Instructor requested independent study
Name of Instructor _____
Instructor Justification _____
_____ |

Student Services Representative

Date

- | | | |
|---------------------|------|--|
| 1. _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Instructor | Date | |
| 2. _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Division Chair | Date | |
| 3. _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dean of Instruction | Date | |

For Office Use Only:
CRN Assigned: _____