APPROVAL FOR INDEPENDENT STUDIES

Student’s Name: __________________________________________ ID # __________________

Term Enrolled:  ☐ Fall ______  ☐ Spring ______  ☐ Summer ______

        ☐ Graduating        ☐ Non-graduating

Course Name*: ___________________________________________________________________

* Identify Special Topics

Course Number ____________________________            Hours of Credit_________

REQUIREMENTS

• A course syllabus including the number of required faculty-student conferences and all
  required assignments must accompany this request and be sent electronically to the Vice
  President of Institutional Effectiveness.

• Courses scheduled in the residential program may not be taken through independent study.

• Students register for an independent study course as part of regular registration.

RATIONALE FOR APPROVAL

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

APPROVAL SIGNATURES

Student: __________________________________________ Date: __________

Student’s Advisor: _______________________________ Date: __________

Course Instructor: _______________________________ Date: __________

Academic Dean: _________________________________ Date: __________

V. P. of Institutional Effectiveness __________________ Date: __________

        Electronic Syllabus received:  Yes _____  No_______

Registrar: __________________________________________ Date: __________

A syllabus including the number of required faculty-student conferences and all
required assignments must accompany this request.