

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.