

ALVERNIA UNIVERSITY

Independent/Directed Study Application Form

Student Name (Print) _____ Student ID# _____

Course Title _____ Dept _____ Num _____ Sec _____ Credits _____

Semester/MOD _____ Year _____ Check one: Independent Study Directed Study

Brief rationale from the student for the course: _____

Detailed statement of support from faculty: _____

Anticipated Graduation _____

Class Level _____

Student Signature/Date

Faculty Signature/Date

Department Chair Signature/Date

Dean Signature/Date

Provost Signature/Date _____

Note: Please attach: (1) A syllabus for the directed study or a proposal for the independent study; (2) a completed signed registration card or an add-drop form.