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; (3) a copy of student’s advising sheet.

Revised 11/10