

APPLICATION FOR APPROVAL OF INDEPENDENT STUDY

Independent Study is available only in areas and special topics not covered by existing course.

(To Be Filled Out By Student)

1. Quarter of Study: _____ Academic Year: _____
Student ID#: _____
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ E-mail Address: _____
Student Signature: _____

(To Be Filled Out By Instructor)

2. A brief description of the area-topic to be studied as follows:
Course Name (abbreviate course name to 8 characters): _____
Instructor's name (please print): _____
Course Number (College Office will assign a number): _____
Credit Hours: _____
Description of Course: _____
3. Instructor Signature: _____ Date: _____
Division Coordinator/
Department Chair Signature: _____ Date: _____
Associate Dean Signature: _____ Date: _____