Independent or Directed Study Request  
(See Guidelines in Student Handbook)

Name ___________________________________ Date __________________

Program __________________________________ Program GPA __________

Requesting:  ☐ Independent Study  ☐ Directed Study

Project Information:
Professor _________________________________ Date of Completion ________________

Course Number & Title ____________________________ Semester Hours ___________

Term:  Fall ________ January ________ Spring ________ Summer ________ Year ___________

Rationale and Objective for this Independent/Directed Study:

Description for Course and Procedure:

Plan for Evaluation:
How will you determine the extent to which your objectives will be achieved?

On the reverse side, list the bibliography for an Independent Study or attach the course syllabus for a Directed Study.

I agree to pay the $75 per hour fee associated with my request.

Student Signature __________________________________ Date __________________

Approved by:

Professor __________________________________ Date __________________

Registrar ___________________________________ Date __________________

Faculty Representative _________________________ Date __________________