Independent Study Request

Name _______________________________________________   Date _____________
Program _______________________________________________   GPA _____________

Project Information:

Professor ____________________________________________________________________________
Course Number ________________ Course Title _____________________________________________
Term:  Fall _____ January _____ Spring _____ Summer _____ Year ________
Semester Hours _________ Date of Completion _______________________________

Rationale and Objective for this Independent Study:

Description for Course and Procedure:

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

List Bibliography for Course on Reverse Side of this Sheet.

Approved by:
Professor ____________________________   Date _____________
Registrar _______________________________   Date _____________
Faculty Representative _______________________   Date _____________