

**--GRADUATE--  
INDEPENDENT STUDY REQUEST FORM**

Semester: \_\_\_\_\_ 20\_\_\_\_ Dept: \_\_\_\_\_/400 #Credit Hours: \_\_\_\_\_

Name: \_\_\_\_\_ University ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Supervising Instructor: \_\_\_\_\_

Instructor's Department: \_\_\_\_\_

Independent Study Title: \_\_\_\_\_

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*Please describe the proposed independent study in the space provided below. It is important that the description be as complete as possible. Course approval will depend on the extent to which the description permits a full understanding and appreciation of the workload. Attach additional sheets where necessary (e.g. syllabi, etc.).*

Signature Signifies Approval

Instructor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Director of Graduate Programs: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

c: Graduate School  
Registration